

**APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE**

*(Read Privacy Act Statement and Instructions before completing form.)*

**PRIVACY ACT STATEMENT**

**AUTHORITY:** E.O. 9397, 31 U.S.C. Sections 3325, 3528, DoDFMR, 7000.14-R, Vol. 5.  
**PRINCIPAL PURPOSE(S):** To maintain a record of appointment and termination of appointment of persons to any of the positions listed in Item 6, and to identify the duties associated with this appointment.  
 SORN T1300 (<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6235/t1300.aspx>)  
**ROUTINE USE(S):** The information on this form may be disclosed as generally permitted under 5 U.S.C Section 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve Banks to verify authority of the appointed individuals to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published at: <http://dpclo.defense.gov/Privacy/SORNSIndex/BlanketRoutineUses.aspx>.  
**DISCLOSURE** Voluntary; however, failure to provide the requested information may preclude appointments.

**SECTION I - APPOINTEE**

<b>1. NAME</b> <i>(First, Middle Initial, Last and Rank or Grade)</i>	<b>2. DoD ID NUMBER</b>	<b>3. TITLE</b>
<b>4. DOD COMPONENT/ORGANIZATION</b>		<b>5. ADDRESS</b> <i>(Include ZIP Code, email address, and telephone number with area code and DSN)</i>

**6. POSITION TO WHICH APPOINTED** *(X appropriate box - one only. Checking more than one invalidates the appointment.)*

<input type="checkbox"/> DISBURSING OFFICER: DSSN _____	<input type="checkbox"/> CASHIER	<input type="checkbox"/> CHANGE FUND CUSTODIAN
<input type="checkbox"/> DEPUTY DISBURSING OFFICER: DSSN _____	<input type="checkbox"/> PAYING AGENT	<input type="checkbox"/> IMPREST FUND CASHIER
<input type="checkbox"/> CERTIFYING OFFICER	<input type="checkbox"/> COLLECTIONS AGENT	<input type="checkbox"/> SAFEKEEPING CUSTODIAN
<input checked="" type="checkbox"/> DEPARTMENTAL ACCOUNTABLE OFFICIAL	<input type="checkbox"/> DISBURSING AGENT	<input type="checkbox"/> ASSISTANT SAFEKEEPING CUSTODIAN

**7. YOU ARE APPOINTED TO SERVE IN THE POSITION IDENTIFIED IN ITEM 6. YOUR RESPONSIBILITIES INCLUDE:**  
 Authorizing Official. Approve DTS travel authorizations. You may not concurrently serve in another accountable position, such as Defense Travel Administrator (DTA). Exception under is on a case-by-case basis with express written approval by the ACOM, ASCC, or DRU (formerly MACOM) headquarters. You may not approve your own local voucher, voucher, or travel authorization that includes disbursement of funds. As an accountable official you may be held pecuniarily liable for an illegal, improper or incorrect payment resulting from negligent information provided to a CO. Unless you are also appointed as a Certifying Officer, you do not have authority to certify travel documents for payment. Only an SAO may approve his or her own travel authorizaion.

**8. REVIEW AND ADHERE TO THE FOLLOWING PUBLICATION(S) NEEDED TO ADEQUATELY PERFORM YOUR ASSIGNED DUTIES:**  
 DOD FMR Volume 5, Chapter 33; Volume 9, Chapter 2

**SECTION II - APPOINTING AUTHORITY**

<b>9. NAME</b> <i>(First, Middle Initial, Last)</i>	<b>10. TITLE</b>	<b>11. DOD COMPONENT/ORGANIZATION</b>
<b>12. DATE</b> <i>(YYYYMMDD)</i>	<b>13. SIGNATURE</b>	

**SECTION III - APPOINTEE ACKNOWLEDGEMENT**

I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds or payment certification, as appropriate, under my control. I have been counseled on my pecuniary liability applicable to this appointment and have been given written operating instructions. I certify that my official signature is shown in item 16 below.

<b>14. PRINTED NAME</b> <i>(First, Middle Initial, Last)</i>	<b>15. DATE</b> <i>(YYYYMMDD) (Not earlier than date in Item 12 or 13)</i>	<b>16. SIGNATURE</b>
		a. DIGITAL b. MANUAL

**SECTION IV - APPOINTMENT TERMINATION**

The appointment of the individual named above is hereby revoked.		<b>17. DATE</b> <i>(YYYYMMDD)</i>	<b>18. APPOINTEE INITIALS</b>
<b>19. NAME OF APPOINTING AUTHORITY</b>	<b>20. TITLE</b>	<b>21. APPOINTING AUTHORITY SIGNATURE</b>	

CO or AO/CO

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<input type="checkbox"/> DEPARTMENTAL ACCOUNTABLE OFFICIAL	<input type="checkbox"/> DISBURSING AGENT	<input type="checkbox"/> ASSISTANT SAFEKEEPING CUSTODIAN

**7. YOU ARE APPOINTED TO SERVE IN THE POSITION IDENTIFIED IN ITEM 6. YOUR RESPONSIBILITIES INCLUDE:**  
 Certifying Officer or Authorizing Official/Certifying Officer. Electronically/digitally approve DTS travel authorizations, local vouchers, and vouchers. As a certifying officer, you are responsible for approving travel documents prepared in DTS for correct and proper payment in accordance with appropriate travel policy. As a CO, you are automatically peculiarly liable if there is a fiscal irregularity (presumption of negligence). You may not concurrently serve as a deputy disbursing officer to any DSSN, cashier, paying agent, collection agent, change fund custodian, imprest fund cashier, or in any other accountable position involving the management of DTS. You may not approve your own local voucher or voucher.

**8. REVIEW AND ADHERE TO THE FOLLOWING PUBLICATION(S) NEEDED TO ADEQUATELY PERFORM YOUR ASSIGNED DUTIES:**  
 DoDFMR Volume 5, Chapter 33; Volume 9, Chapter 2.

**SECTION II - APPOINTING AUTHORITY**

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**7. YOU ARE APPOINTED TO SERVE IN THE POSITION IDENTIFIED IN ITEM 6. YOUR RESPONSIBILITIES INCLUDE:**

Debt Management Monitor. Responsible for providing assistance, tracking, and recovery of funds concerning DUE U.S. overpayment and collection actions. (Refer to the Guide to Managing Traveler-Incurred Debt at the DTMO Web site). You do not have the authority to approve DTS travel documents.

**8. REVIEW AND ADHERE TO THE FOLLOWING PUBLICATION(S) NEEDED TO ADEQUATELY PERFORM YOUR ASSIGNED DUTIES:**

DODFMR, Volume 5, Chapter 33: Volume 9, Chapter 2

### SECTION II - APPOINTING AUTHORITY

9. NAME (First, Middle Initial, Last)	10. TITLE	11. DOD COMPONENT/ORGANIZATION
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		a. DIGITAL
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### SECTION IV - APPOINTMENT TERMINATION

The appointment of the individual named above is hereby revoked.		17. DATE (YYYYMMDD)	18. APPOINTEE INITIALS
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**7. YOU ARE APPOINTED TO SERVE IN THE POSITION IDENTIFIED IN ITEM 6. YOUR RESPONSIBILITIES INCLUDE:**  
 DFAS-Army Lead Defense Travel Administrator. Responsible for providing DTS administrative support to organization defense travel administration (DTA) personnel. This role includes training organization DTA personnel, assisting organization DTA personnel with creating and maintaining organizations, routing lists, groups and personal profile data. May assist organization DTA personnel in resolving issues, answering questions and providing functional support to DTS users. Assist organizational DTA with training. You do not have authority to approve DTS documents.

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**7. YOU ARE APPOINTED TO SERVE IN THE POSITION IDENTIFIED IN ITEM 6. YOUR RESPONSIBILITIES INCLUDE:**  
 Finance Defense Travel Administrator. Responsible for administration of DTS Lines of Accounting (LOAs), budgets, and for overall administration of DTS. (refer to DODFMR Volume 9, Chapter 2). Responsible for maintaining a file of appointment records and for preparing and forwarding an appropriate letter indicating the location of the appointment records to the DFAS disbursing office(s). May review DTS travel documents for fund control and accuracy. You do not have the authority to approve DTS travel documents.

**8. REVIEW AND ADHERE TO THE FOLLOWING PUBLICATION(S) NEEDED TO ADEQUATELY PERFORM YOUR ASSIGNED DUTIES:**  
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 Organizational Defense Travel Administrator. Administer DTS, which may include creating and maintaining organizations, routing lists, groups and personal profile data at an appropriate level. May review travel documents prior to approval. Provide training to DTS users/travelers. Provide DTS functional support to users. You do not have the authority to approve DTS travel documents.

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**PRINCIPAL PURPOSE(S):** To maintain a record of appointment and termination of appointment of persons to any of the positions listed in Item 6, and to identify the duties associated with this appointment.  
 SORN T1300 (<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6235/t1300.aspx>)  
**ROUTINE USE(S):** The information on this form may be disclosed as generally permitted under 5 U.S.C Section 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve Banks to verify authority of the appointed individuals to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published at: <http://dpclo.defense.gov/Privacy/SORNSIndex/BlanketRoutineUses.aspx>.  
**DISCLOSURE** Voluntary; however, failure to provide the requested information may preclude appointments.

**SECTION I - APPOINTEE**

<b>1. NAME</b> (First, Middle Initial, Last and Rank or Grade)	<b>2. DoD ID NUMBER</b>	<b>3. TITLE</b>
<b>4. DOD COMPONENT/ORGANIZATION</b>	<b>5. ADDRESS</b> (Include ZIP Code, email address, and telephone number with area code and DSN)	

**6. POSITION TO WHICH APPOINTED** (X appropriate box - one only. Checking more than one invalidates the appointment.)

<input type="checkbox"/> DISBURSING OFFICER: DSSN _____	<input type="checkbox"/> CASHIER	<input type="checkbox"/> CHANGE FUND CUSTODIAN
<input type="checkbox"/> DEPUTY DISBURSING OFFICER: DSSN _____	<input type="checkbox"/> PAYING AGENT	<input type="checkbox"/> IMPREST FUND CASHIER
<input type="checkbox"/> CERTIFYING OFFICER	<input type="checkbox"/> COLLECTIONS AGENT	<input type="checkbox"/> SAFEKEEPING CUSTODIAN
<input checked="" type="checkbox"/> DEPARTMENTAL ACCOUNTABLE OFFICIAL	<input type="checkbox"/> DISBURSING AGENT	<input type="checkbox"/> ASSISTANT SAFEKEEPING CUSTODIAN

**7. YOU ARE APPOINTED TO SERVE IN THE POSITION IDENTIFIED IN ITEM 6. YOUR RESPONSIBILITIES INCLUDE:**  
 Organizational Lead Defense Travel Administrator. Responsible for coordinating administration of DTS at the organization level, which includes creating and maintaining organizations, routing lists, groups and personal profile data. Coordinate functional support for DTS users. Coordinate and provide DTS training at the organization level. May review travel documents prior to approval. You do not have the authority to approve DTS travel documents.

**8. REVIEW AND ADHERE TO THE FOLLOWING PUBLICATION(S) NEEDED TO ADEQUATELY PERFORM YOUR ASSIGNED DUTIES:**  
 DODFMR, Volume 5, Chapter 33; Volume 9, Chapter 2; Financial Field Procedures Guide

**SECTION II - APPOINTING AUTHORITY**

<b>9. NAME</b> (First, Middle Initial, Last)	<b>10. TITLE</b>	<b>11. DOD COMPONENT/ORGANIZATION</b>
<b>12. DATE</b> (YYYYMMDD)	<b>13. SIGNATURE</b>	

**SECTION III - APPOINTEE ACKNOWLEDGEMENT**

I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds or payment certification, as appropriate, under my control. I have been counseled on my pecuniary liability applicable to this appointment and have been given written operating instructions. I certify that my official signature is shown in item 16 below.

<b>14. PRINTED NAME</b> (First, Middle Initial, Last)	<b>15. DATE</b> (YYYYMMDD) (Not earlier than date in Item 12 or 13)	<b>16. SIGNATURE</b>
		a. DIGITAL
		b. MANUAL

**SECTION IV - APPOINTMENT TERMINATION**

The appointment of the individual named above is hereby revoked.		<b>17. DATE</b> (YYYYMMDD)	<b>18. APPOINTEE INITIALS</b>
<b>19. NAME OF APPOINTING AUTHORITY</b>	<b>20. TITLE</b>	<b>21. APPOINTING AUTHORITY SIGNATURE</b>	

**APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE**

*(Read Privacy Act Statement and Instructions before completing form.)*

**PRIVACY ACT STATEMENT**

**AUTHORITY:** E.O. 9397, 31 U.S.C. Sections 3325, 3528, DoDFMR, 7000.14-R, Vol. 5.  
**PRINCIPAL PURPOSE(S):** To maintain a record of appointment and termination of appointment of persons to any of the positions listed in Item 6, and to identify the duties associated with this appointment.  
**SORN T1300** (<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6235/t1300.aspx>)  
**ROUTINE USE(S):** The information on this form may be disclosed as generally permitted under 5 U.S.C Section 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve Banks to verify authority of the appointed individuals to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published at: <http://dpclo.defense.gov/Privacy/SORNSIndex/BlanketRoutineUses.aspx>.  
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**SECTION I - APPOINTEE**

<b>1. NAME</b> (First, Middle Initial, Last and Rank or Grade)	<b>2. DoD ID NUMBER</b>	<b>3. TITLE</b>
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<input type="checkbox"/> DISBURSING OFFICER: DSSN _____	<input type="checkbox"/> CASHIER	<input type="checkbox"/> CHANGE FUND CUSTODIAN
<input type="checkbox"/> DEPUTY DISBURSING OFFICER: DSSN _____	<input type="checkbox"/> PAYING AGENT	<input type="checkbox"/> IMPREST FUND CASHIER
<input type="checkbox"/> CERTIFYING OFFICER	<input type="checkbox"/> COLLECTIONS AGENT	<input type="checkbox"/> SAFEKEEPING CUSTODIAN
<input checked="" type="checkbox"/> DEPARTMENTAL ACCOUNTABLE OFFICIAL	<input type="checkbox"/> DISBURSING AGENT	<input type="checkbox"/> ASSISTANT SAFEKEEPING CUSTODIAN

**7. YOU ARE APPOINTED TO SERVE IN THE POSITION IDENTIFIED IN ITEM 6. YOUR RESPONSIBILITIES INCLUDE:**  
 Routing Official. Responsible for examining and/or applying data to DTS travel documents prior to approval. May verify eligibility to travel, verify entitlements, and/or apply lines of accounting. As an accountable official you may be held pecuniarily liable for an illegal, improper or incorrect payment resulting from negligent information provided to a CO. You do not have authority to approve DTS documents.

**8. REVIEW AND ADHERE TO THE FOLLOWING PUBLICATION(S) NEEDED TO ADEQUATELY PERFORM YOUR ASSIGNED DUTIES:**  
 DODFMR, Volume 5, Chapter 33

**SECTION II - APPOINTING AUTHORITY**

<b>9. NAME</b> (First, Middle Initial, Last)	<b>10. TITLE</b>	<b>11. DOD COMPONENT/ORGANIZATION</b>
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