

**GOVERNMENT PURCHASE CARD
FUND CITE AUTHORIZATION**

DOCUMENT NUMBER:	DATE ISSUED	CHANGE NO.	EXPIRATION DATE	MASTER ACCOUNT CODE
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INSTRUCTIONS TO APPROVING OFFICIAL

This form is to be used by the Approving Official (AO) to request authority to expend funds for Government Purchase Card transactions.

This funding document is issued to establish a Master Account Code assigned to the accounting classification cited below. This document also supports the reservation of funds when applicable.

An amount equal to 1/3, 1/2, or the remaining balance of the quarterly amount will be obligated during the month that this document remains in effect. The accounting classification below will be charged for all authorized purchases made by approved cardholders.

Cardholders are required to maintain a transaction log with a running balance of available funds.

Cardholders must not expend funds after the expiration date shown below even if an available balance remains.

If cumulative expenditures exceed the commitment amount shown below, the cardholder and Approving Official can cause a violation of DFAS-DE7200.1R and may be held pecuniarily liable and be subject to disciplinary action.

A separate funding document and Purchase Card account must be established for purchases to be charged to a different appropriation.

Failure to certify and promptly submit the Approving Official's Monthly Summary Statement will result in the withdrawal of funding.

Return this document to the Financial Services Office (FSO) upon expiration.

REMARKS

REQUESTING OFFICIAL	OFFICE SYMBOL	RESOURCE ADVISOR	OFFICE SYMBOL
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PHONE NO.	PHONE NO.		
PRIOR QUARTERLY AMOUNT	INCREASE (+)	DECREASE (-)	NEW QUARTERLY AMOUNT

ACCOUNTING CLASSIFICATION

<p align="center">FUND CERTIFYING OFFICIAL'S STATEMENT</p> <p>I CERTIFY THAT THE NEW QUARTERLY AMOUNT ABOVE WILL BE AVAILABLE ON THE FIRST DAY OF EACH QUARTER UNLESS OTHERWISE ADVISED BEFORE THAT DATE.</p>	<p align="center">APPROVING OFFICIAL'S STATEMENT</p> <p>I CERTIFY THAT I WILL NOT APPROVE AN IMPAC PURCHASE THAT WILL CAUSE THE TOTAL IMPAC PURCHASES TO EXCEED THE FUNDING DOCUMENT.</p>
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SIGNATURE	SIGNATURE
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TYPE NAME OF FINANCIAL SERVICES OFFICER OR OFFICIAL DESIGNEE JAMES P.M. WOLFF	TYPE NAME OF APPROVING OFFICIAL
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ADDRESS USUHS FIN. & MANPOWER MGMT. 4301 JONES BRIDGE ROAD BETHESDA, MD 20814-4799	ADDRESS
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TELEPHONE NUMBER 301/DSN 295-3553	TELEPHONE NUMBER
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INSTRUCTIONS FOR COMPLETING AF FORM 4009

A. Document Number - A unique number assigned by FMG to each Approving Official on the original request for funding each fiscal year. It must be entered by the department on subsequent requests for changes.

B. Date Issued - Completed by FMG. **C. Change No.** - Completed by FMG.

D. Expiration Date - Completed by FMG.

E. Master Account Code - Department enters the cost center used. In cases where more than one cost center will be used, enter "see below" or "see attached." The AO must then list each cost center in the *Remarks* section (or on an attachment) and indicate the amount of funds to be obligated for each cost center.

F. Remarks - List the name of each cardholder authorized to make purchases against the AF Form 4009. This section is also to be used to indicate multiple cost centers and the dollar amount to be obligated (unless space limitations require an attachment be used). For example:

Cost Center	Prior Qtrly Amount	Increase	Decrease	New Qtrly Amount
303300	\$10,000	\$5,000		\$15,000
FA3300	\$5,000		\$1,000	\$4,000

G. Requesting Official - Department Chair or Activity Head

H and J. Office Symbol - Requesting department's office symbol

I. Resource Advisor - This can either be the Department Chairperson or the individual delegated responsibility to manage the department's funds (e.g., the Deputy Chairperson).

K and L. Phone Number - Requesting Official's and Resource Advisor's phone numbers.

M. Prior Quarterly Amount - Leave blank on initial request. Enter the last approved amount when submitting a change.

N and O. Increase/Decrease - Enter the amount as applicable.

P. New Quarterly Amount - Enter the total amount of the obligation for all cost centers.

Q. Accounting Classification - Completed by FMG.

R, S, T, and U - Completed by FMG.

V, W, X, and Y. - Completed by the department's Approving Official.

**GOVERNMENT PURCHASE CARD
FUND CITE AUTHORIZATION**

DOCUMENT NUMBER: (A)	DATE ISSUED (B)	CHANGE NO. (C)	EXPIRATION DATE (D)	MASTER ACCOUNT CODE (E)
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REMARKS

(F)

REQUESTING OFFICIAL (G)	OFFICE SYMBOL (H)	RESOURCE ADVISOR (I)	OFFICE SYMBOL (J)
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PHONE NO. (K)	PHONE NO. (L)
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PRIOR QUARTERLY AMOUNT (M)	INCREASE (+) (N)	DECREASE (-) (O)	NEW QUARTERLY AMOUNT (P)
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ACCOUNTING CLASSIFICATION **(Q)**

<p align="center">FUND CERTIFYING OFFICIAL'S STATEMENT</p> <p>I CERTIFY THAT THE NEW QUARTERLY AMOUNT ABOVE WILL BE AVAILABLE ON THE FIRST DAY OF EACH QUARTER UNLESS OTHERWISE ADVISED BEFORE THAT DATE.</p>	<p align="center">APPROVING OFFICIAL'S STATEMENT</p> <p>I CERTIFY THAT I WILL NOT APPROVE AN IMPAC PURCHASE THAT WILL CAUSE THE TOTAL IMPAC PURCHASES TO EXCEED THE FUNDING DOCUMENT.</p>
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SIGNATURE (R)	SIGNATURE (V)
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TYPE NAME OF FINANCIAL SERVICES OFFICER OR OFFICIAL DESIGNEE JAMES P.M. WOLFF (S)	TYPE NAME OF APPROVING OFFICIAL (W)
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ADDRESS USUHS FIN. & MANPOWER MGMT. (T) 4301 JONES BRIDGE ROAD BETHESDA, MD 20814-4799	ADDRESS (X)
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TELEPHONE NUMBER 301/DSN 295-3553 (U)	TELEPHONE NUMBER (Y)
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