

From: Commanding Officer

To: APC'S Name

Subj: AGENCY PROGRAM COORDINATOR

Ref: (a) NAVSUPINST 4200.94

1. Pursuant to the requirements of reference (a), you are hereby appointed Agency Program Coordinator (APC) for the Purchase Card Program at _____.
2. As APC, you have overall responsibility for implementation, management, administration, and day-to-day operations of the Purchase Card Program at this command. Typical responsibilities include but are not necessarily limited to keeping the command's internal operating procedures (IOP) current, training cardholders and approving officials, and general oversight of the program.
3. Reference (a) provides detailed guidance for operation of the program.
4. You are also delegated authority to appoint Approving/Certifying Officials (AO) and cardholders (CH) and set necessary limitations.
5. This appointment is valid as long as you are assigned to this command unless sooner terminated in writing by the Commanding Officer.

COMMANDING OFFICER

Signature

ACKNOWLEDGEMENT: I _____ have reviewed this appointment, understand the requirements, and accept the responsibilities associated with the Purchase Card Program at this command.

APC Signature

Date

Copy to:
CO

SAMPLE A