

From: Head of Activity (or APC if so designated)  
To: Approving/Certifying Official (Full Name)

Subj: APPOINTMENT AS APPROVING/CERTIFYING OFFICIAL

1. You are appointed approving/certifying official for the following purchase cardholders at this activity: Name(s) of individual(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.
2. This appointment makes you responsible for verifying the necessity of purchase card transactions, ensuring transactions are in accordance with the Internal Operating Procedures (IOP), identifying misuse of the purchase card, reconciling monthly statements, and recommending appropriate action to the Agency Program Coordinator (APC) as a remedy for inappropriate use.
3. Transactions must be made in accordance with applicable laws, regulations, and instructions such as the Federal Acquisition Regulation (FAR), NAVSUPINST 4200.94, and this command's IOP which govern use of the card.
4. The APC (Name of Individual), must be notified of problems you experience with the PC program to include questionable items found in the monthly statements. He/she is responsible for the overall administration and management of the program and is available for any assistance you may need. This appointment is valid as long as you are employed at this command or until it is formally suspended, modified, or revoked by the head of this command or designee.

SIGNATURE

**APPROVING/CERTIFYING OFFICIAL ACKNOWLEDGEMENT**

I \_\_\_\_\_ have reviewed this appointment, understand the requirements, and accept the responsibilities associated with use of the PC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Copy to: APC

SAMPLE B