

## Sample Appointment Letter for A/OPC

*(Address letter to the designated individual)*

You are hereby appointed as an Agency Program Coordinator, Level *(insert level)* for *(insert Bureau and division name)*.

As the Travel Card Agency Program Coordinator *(insert the appropriate Bureau level title)*, you are responsible for the day-to-day management of travel card accounts and oversight for the program as outlined in the Department of Commerce Travel Charge Card Program Handbook and any subsequent guidance or internal procedures. You must become thoroughly familiar with your responsibilities and accountability. The DOC Travel Card Policy Handbook outlines your role and responsibilities as an Agency Program Coordinator *(insert the appropriate title)*.

Your primary role as an Agency Program Coordinator *(insert the proper title)* is to be the liaison responsible for establishing, administering, maintaining, and reporting to the Departmental Agency Program Coordinator (DAPC) *(insert appropriate oversight level)* through the appropriate chain of command for the Travel Card Program. These duties should be clearly defined in the annual performance plan.

All Travel Card Program participants should be aware of the resources available to manage and understand the program. Additional procedural guidance is available on the Office of Administrative Programs website at:

[http://www.osec.doc.gov/ofm/OAP/TMD/Travel\\_Card\\_Program.html](http://www.osec.doc.gov/ofm/OAP/TMD/Travel_Card_Program.html).

After completion of the designated training, review of roles and responsibilities, you must acknowledge this appointment and that you have read and understand your responsibilities.

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(Appointing Official Signature)

### ACKNOWLEDGMENT STATEMENT

“I acknowledged my appointment and that I have read and understand the policies and regulations that govern the use of the Government Travel Charge Card. I further certify that I have read and understand the roles and responsibilities as a Level \_\_\_\_\_ A/OPC *(insert the appropriate title)* as outlined in the DOC Travel Charge Card Program Handbook. This appointment will remain in effect until rescinded or you separated from federal service.”

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Date Signed

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(Agency Program Coordinator’s Signature)