

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Cardholder and Approving Official Training Certification

I certify, as a cardholder and/or checkwriter or approving official (AO), that I have successfully completed all required purchase card training for my level of authority, and that I have read, understand, and will abide by the policies and procedures that govern the use of the Government purchase card (and convenience checks, if authorized) at HHS as described in the HHS Purchase Card Guide and any OPDIV-specific supplemental procedures.

Terms and Conditions for Cardholders and Checkwriters:

I further certify that I:

- will only use the card and/or convenience checks for official purchases, within the dollar limitations designated for my card, and only when sufficient funds are available
- will only purchase authorized products or services, and will seek guidance from the A/OPC before making a purchase in any case where doubt exists as to the legitimacy of a purchase
- will protect the card and/or convenience checks from unauthorized use, and will immediately report the loss or theft of the card/checks in accordance with HHS and OPDIV procedures
- will surrender the card and/or convenience checks upon termination of employment or at any time upon the request of the A/OPC
- will comply with all audit requests in a timely manner
- understand that willful misuse of the card and/or convenience checks may result in immediate cancellation of the card/checks and disciplinary action against me

Terms and Conditions for Approving Officials:

I further certify that I:

- will examine all cardholder documentation related to card and/or convenience check transactions to ensure that purchases are based on a bona fide need
- will resolve any questionable purchases with the cardholder
- will ensure that the cardholder's purchase transactions are properly reconciled with the servicing bank's statement
- will immediately notify my A/OPC of any suspected cases of misuse or fraud

Organization _____

Signature _____

Printed Name _____

Date _____