



Statement of Understanding: Pecuniary Responsibilities in the Governmentwide Purchase Card (GPC) Program

I, _____, acknowledge that I have read the DHRA Administrative Instruction 5010.01, Use of the Governmentwide Purchase Card, and the DHRA GPC Guidelines. I understand that I am responsible for thoroughly reading this guidance and that I may be subject to administrative and/or disciplinary action including criminal prosecution for improper use of the GPC as a GPC Cardholder or Billing Official.

Specifically, I understand that:

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	Improper authorization/use of the GPC may result in violations of the Antideficiency Act, 31 U.S.C. § 1341 and its implementing regulations. Only the Cardholder may use the GPC upon which his/her name is embossed. GPC purchases must be pre-approved by the appointed Billing Official(s) designated for the GPC account(s).
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	Pursuant to Federal laws (31 USC §§ 1301, 1341, & 1517, among others) and applicable implementing regulations, I may not authorize/use the GPC to: <ol style="list-style-type: none"> (1) Place any orders which may result in my obligating or expending any funds in excess of my GPC funding limitations or in advance of funding being made available to me. (2) Obtain personal benefit or for any purpose not authorized by statute or regulation.
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	Violations of the criminal federal laws cited in this document may result in my being fined and/or my imprisonment.
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	Improper authorization/use of the GPC may result in violations of the standards of conduct prescribed by Department of Defense Directive 5500.7-R (the Joint Ethics Regulation), and other similar service regulations to which I may be subject, as well as the Office of Government Ethics Regulations (5 CFR Pt. 2635). I also understand that I may be required to complete an annual review of these regulations.
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I hereby consent and agree to perform the functions of a GPC Cardholder or Billing Official in accordance with the GPC guidance issued by DHRA-HQ Procurement Support Office and all applicable laws and regulations, including the Federal Acquisition Regulation (FAR), and its supplements.

Authorized to certify funds:	Yes (Check if BO) <input type="checkbox"/>	No (Check if CH) <input type="checkbox"/>
Signature:	Check one:	
	Billing Official: <input type="checkbox"/>	Cardholder: <input type="checkbox"/>
	Date: _____	
Component:	Telephone:	Email: