

DRAFT
DTS-L Business Procedures
APPENDIX A
SAMPLE APPOINTMENT LETTERS

**Appointment Letters for Combined
Authorizing Official/Certifying Officer**

(USE APPROPRIATE LETTERHEAD)
(Date)

MEMORANDUM FOR (Appointee's Name)
SUBJECT: Appointment as Authorizing Official/Certifying Officer

You presently occupy a position wherein your duties include the functions of an authorizing official/certifying officer. This memorandum is formal notification that you are hereby appointed as an authorizing official to approve temporary duty travel (TDY) and as a certifying officer to certify payments.

As a certifying officer you will be responsible for certifying payment vouchers and documents for the following types of payments: travel vouchers prepared under the Defense Travel System and in accordance with Appendix O of the Joint Federal Travel Regulation and Joint Travel Regulation. You may not concurrently serve as a deputy disbursing officer to any disbursing station symbol number, cashier, paying agent, collection agent, change fund custodian, imprest fund cashier, or in any other accountable position involving the handling or custody of any public or non-appropriated funds.

Chapter 33, Volume 5, of the DoD Financial Management Regulation provides a description of your responsibilities, accountability, and duties as a certifying officer. You should read and become thoroughly familiar with this information and complete a DD Form 577 identifying each type of payment to be certified. After completion, return the DD Form 577 to me for forwarding to the servicing disbursing officer. You must also acknowledge this appointment and that you have read and understand your responsibilities, accountability, and duties by signature in the space provided on the attached acknowledgement. For all documents you certify under this appointment, your signature must be in the form you indicated in block 5 of the DD Form 577.

(Appointing Officer)

Attachment

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(USE APPROPRIATE LETTERHEAD)
(Date)

MEMORANDUM FOR (Appointing Officer)

SUBJECT: Acknowledgement of Appointment as Authorizing Official/Certifying Officer

In accordance with you memorandum of (Date), I hereby execute the following statement:

"By signature hereon, I acknowledge my appointment as a authorizing official/certifying officer. I have read and under-stand my responsibilities, accountability, and duties as described in Chapter 33, Volume 5, DoD Financial Management Regulation. I understand that I have the right to request an advance decision under 31 U.S.C., section 3529 from the DoD Office of Deputy General Counsel (Fiscal), or designee, prior to certifying any payment which I believe to be of doubtful validity. I understand that I have the right to request relief of liability for any payment I certify that is determined to be an illegal, improper, or incorrect payment. I further understand that this appointment will remain in effect until revoked in writing by you or your successor, or until I am transferred, separated for any reason, or retire from service. I will not serve concurrently in any other accountable position involving the handling or custody of or accountability for other funds."

Attached for your approval is the DD Form 577 (Signature Card) identifying each type of payment I am authorized to certify. I will make all certifications in the form I have specified in block 5 of that form.

Appointee's Name

SSN:
Title:
Telephone No.
Email Address:
Official Address:
Servicing Op Loc:

Attachment
SF 577

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**Appointment Letters for Separate
Certifying Officer**

(USE APPROPRIATE LETTERHEAD)

(Date)

MEMORANDUM FOR (Insert name of individual being appointed)

SUBJECT: Appointment as Certifying Officer

You presently occupy a position wherein your duties include the functions of a certifying officer. This memorandum is formal notification that you are hereby appointed as a certifying officer to certify payments.

As a certifying officer you will be responsible for certifying payment vouchers and documents for the following types of payments: *(list the specific types of payments authorized to be certified (e.g., military payroll vouchers, vendor payment vouchers, etc.))*. You may not concurrently serve as a deputy disbursing officer to any DSSN, cashier, paying agent, collection agent, change fund custodian, imprest fund cashier, or in any other accountable position involving the handling or custody of any public or non-appropriated funds.

Chapter 33, Volume 5, of the DoD Financial Management Regulation provides a description of your responsibilities, accountability, and duties as a certifying officer. You should read and become thoroughly familiar with this information and complete a DD Form 577 identifying each type of payment to be certified. After completion, return the DD Form 577 to me for forwarding to the servicing disbursing officer. You must also acknowledge this appointment and that you have read and understand your responsibilities, accountability, and duties by signature in the space provided on the attached acknowledgement. For all documents you certify under this appointment, your signature must be in the form you indicated in block 5 of the DD Form 577.

(Signature of Appointing Official)

Attachments:
As stated

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(USE APPROPRIATE LETTERHEAD)

(Date)

MEMORANDUM FOR (Insert name of Appointing Official)

SUBJECT: Acknowledgement of Appointment as Certifying Officer

In accordance with your memorandum of *(insert date)*, I hereby execute the following statement:

"By signature hereon, I acknowledge my appointment as a certifying officer. I have read and understand my responsibilities, accountability, and duties as described in Chapter 33, Volume 5, DoD Financial Management Regulation. I understand that I have the right to request an advance decision under 31 U.S.C., section 3529 from the DoD Office of Deputy General Counsel (Fiscal), or designee, prior to certifying any payment which I believe to be of doubtful validity. I understand that I have the right to request relief of liability for any payment I certify that is determined to be an illegal, improper, or incorrect payment. I further understand that this appointment will remain in effect until revoked in writing by you or your successor, or until I am transferred, separated for any reason, or retire from service. I will not serve concurrently in any other accountable position involving the handling or custody of or accountability for other funds."

Attached for your approval is the DD Form 577 (Signature Card) identifying each type of payment I am authorized to certify. I will make all certifications in the form I have specified in block 5 of that form.

(Signature of Certifying Officer)

Typed Name

SSN
Position Title
Telephone Number
Email Address
Complete Mailing Address
Servicing OpLoc

Attachments:
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(Organizational Letterhead)

(Date)

MEMORANDUM FOR RECORD

SUBJECT: Ratification of Certifying Officer Appointments

This memorandum formally ratifies the appointments of the personnel listed on Attachment 1 as certifying officers for the types of payments that their original appointing documents authorized them to certify. Where appropriate, we have changed generic payment-document identification to specific types of payments (e.g., SF 1034, SF 1155, etc.). None of the individuals listed are serving as a deputy disbursing officer to any DSSN, cashier, paying agent, collection agent, change fund custodian, imprest fund cashier, or in any other accountable position involving the handling or custody of any public or non-appropriated funds. This ratification is effective with the date of this memorandum.

Chapter 33, Volume 5 of the DoD Financial Management Regulation provides a description of certifying officer responsibilities. Each person listed on Attachment 1 should read and become familiar with this chapter. Also, each person must acknowledge this ratification of appointment and that he or she has read and understands their responsibilities, accountability, and duties by signature in the space provided on Attachment 2. Signature on all documents certified under this ratification of appointment must be in the form indicated in block 5 of the previously completed DD Form 577 (Signature Card).

(Signature of Appointing Official)

Attachments:
As stated

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Accountable Official Appointment Letter

(USE APPROPRIATE LETTERHEAD)

MEMORANDUM FOR (Insert Accountable Official's Name)

SUBJECT: Appointment as Travel Program Accountable Official

You presently occupy a position wherein your duties include the functions of a travel program accountable officer for (Note: insert specific travel program area, e.g., authorizing official, finance administrator, automated information system administrator). This memorandum is formal notification that you hereby are appointed as a travel program accountable official to (Note: Insert location and address of certifying official(s) to whom certification is made).

As a travel program accountable official, you will be responsible (note: indicate appropriate responsibility). You must become thoroughly familiar with your responsibilities and accountability. By signature below, you acknowledge this appointment and affirm that you have read and understand your responsibilities and accountability as described in DoD Directive 7000.15, and Volume 5, Chapter 33 of the DoD Financial Management Regulation. In addition, you must complete DD Form 577 (Signature Card) for each certifying official identified above. After completion, a signed copy of this appointment and the completed DD Form 577 must be returned to me for approval. For all documents that you are an accountable official, your signature must be in the form indicated by you in block 5 of the DD Form 577.

Certifying Official's Signature

ACKNOWLEDGMENT

By signature hereon, I acknowledge my appointment as an accountable official. I have read and understand my responsibilities and accountability. I understand my right to request relief of liability for any payment I certify that is determined to be illegal, improper, or incorrect. I further understand that this appointment will remain in effect until revoked in writing by you or your successor.

Attached for your approval is the completed DD Form(s) 577 (Signature Card).

(Accountable Official's Signature)

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Defense Travel System Specialist Appointment Letter

(USE APPROPRIATE LETTERHEAD)

MEMORANDUM FOR (Name and SSN)

SUBJECT: Appointment as Defense Travel System Specialist

As a Defense Travel System Specialist, your position requires access to the Defense Travel System (DTS) with permission levels that include the functions of a Travel Program Approving Official and Certifying Officer. This memorandum is formal notification that your DTS access level requires that you understand the responsibilities and pecuniarily liability of a Travel Program Approving Official and Certifying Officer.

Prior to approving any documents in DTS you must be appointed in writing as a Travel Approving Official and Certifying Officer, by the commander, activity director or other personnel of equivalent position at the DTS site at which you are temporarily assigned, that has the authority to appoint certifying officers and is responsible for the funding shown on the document to be approved and certified.

Chapter 33, Volume 5, of the DoD Financial Management Regulation provides a description of the responsibilities, accountability, and duties of a certifying officer. You should read and become thoroughly familiar with this information and perform the required Certifying Officer training. In addition, you must acknowledge this appointment and that you have read and understand your responsibilities, accountability, and duties by signature in the space provided on the attached acknowledgment.

(Certifying Officer's Signature)

Attachments:
As stated

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(USE APPROPRIATE LETTERHEAD)

MEMORANDUM FOR (Certifying Officer)

SUBJECT: Acknowledgment of Appointment as Defense Travel System Specialist

In accordance with your memorandum dated (*date of appointment letter*), I hereby execute the following statement:

By signature hereon, I acknowledge my appointment as a Defense Travel System Specialist with permission levels that include the functions of a Travel Program Approving Official and Certifying Officer. I understand that prior to exercising these functions, I must be appointed in writing by the official who has authority to appoint Certifying Officers and is responsible for the funding shown on any documents that I will approve and/or certify at each location where I will serve as a Defense Travel System Specialist.

I have read and understand my responsibilities, accountabilities, and duties as described in Chapter 33, Volume 5, in the DoD Financial Management Regulation. I understand that I have the right to request an advance decision under 31 U.S.C. Section 3529 from the DoD Office of Deputy General Counsel (Fiscal), or designee, prior to certifying any payment which I believe to be of doubtful validity. I understand that I have the right to request relief of liability for any payment I certify that is determined to be an illegal, improper, or incorrect payment. I further understand that this appointment will remain in effect until revoked in writing by you or your successor, or until I am transferred, separated for any reason, or retire from service. I will not serve concurrently in any other accountable position involving the handling or custody of or accountability for other funds.

Name
SSN
Title
Tel. Number
E-mail Address
Organization's Name and Address

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