(Date)

From: Agency Program Coordinator, (Region Name)

To:

Subj: APPOINTMENT AS ALTERNATE APPROVING OFFICIAL

Ref: (a) SECNAVINST 7043.7

(b) CNICINST 7043.1 CH-1

(c) Navy NAF GPC Standard Operating Procedure (SOP)

(d) Local Standard Operating Procedure (LSOP)

1. You are hereby appointed as the Alternate Approving Official (Alt AO) for the cardholder(s) assigned to hierarchy #\_\_\_\_\_\_\_. Reference (c) provides detailed instructions on the responsibilities and procedures of an Approving Official (AO) which are the same procedures you shall follow when acting in the AOs absence. Your authority extends only to those times when the AO is on approved leave, TAD or in an emergency leave situation. Instances when the AO is on leave or TAD will require prior written notification to the Agency Program Coordinator (APC) stating the dates for which the Alt AO will be acting in the absence of the AO. Emergency situations that require the Alt AO to perform duties as the AO shall be brought to the attention of the APC in writing as soon as the situation is identified.

2. The Alt AO when acting in the absence of the Primary AO as stated above, is required to review and certify the cardholder(s) purchases via the online banking system along with signing the monthly statements, to determine if items purchased were for official NAFI use and were purchased in accordance with references (a) thru (d). It is your responsibility to follow-up on questionable purchases and to ensure conformance with agency guidelines. If actions are found to be in violation of stated policies and procedures, notification must be given to the APC, and if warranted, initiate administrative and disciplinary procedures for the misuse of the card.

3. As the Certifying Officer you are responsible for the validation, certification and payment of all purchases made with the NAF Purchase Card within your purview while acting as the AO. You have pecuniary liability for erroneous payments resulting from negligent actions.

4. Please acknowledge receipt of this letter by signing below and returning a copy to the APC. Appointment takes effect upon signing this document.

(APC Name)

I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the Non-Appropriated Fund Instrumentality for all NAF funds under my control. I have been counseled on my pecuniary liability and have been given written operating instructions.

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| Receipt Acknowledged: |  | Date |

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| Appointment Revoked: |  | Date |