

Cardholder Instructions for Individually Billed Accounts

CARDHOLDER SETUP FORM

Step 1 – To be completed by applicant

- Line 1: Full name of Cardholder – First, Middle Initial and Last name
- Line 2: **Cardholder's** nine digit SSN
Date of Birth (mm/dd/yy)
- Line 3: Dept/Office/Agency Name will be: 'DHHS/OPHEP/NDMS'
- Line 4 & 5: Home Address: Address where card and statement will be mailed
- Line 6: Home phone (required)
- Line 7: Business phone and fax (required)
- Line 8: Business E-mail Address

Employee Understanding/Signature – Cardholders **MUST** read and sign, before faxing the statement your team Administrative Officer.

HHS Traveler's Agreement for Government Contractor-Issued Travel Charge Card Users

PRINT name on space provided on the first line

READ items 1 through 9

SIGN in space designated **“Employee's Signature/Date”**

Recommended information for cardholders review:

Cardholder Travel Card Program

Embark upon the GSA SmartPay® web based training for cardholders of the government travel card. This course provides general information on traveling for the government and reviews how to use a government travel card. Become familiar with the Federal Travel Regulations (FTR) and government travel card policies. This course can be completed in less than 45 minutes

<http://fss.gsa.gov/webtraining/trainingdocs/traveltraining/index.cfm>