CHAPTER 3

ANNEX 4

SAMPLE 120-DAY DELINQUENCY MEMORANDUM

MEMORANDUM FOR COMMANDER/DIRECTOR

SUBJECT: Cancellation of Government Travel Card - 120 Days Delinquent Payment Notification

★ The 60 and 90-day delinquent notification memoranda, dated _____ and _____ respectively, notified the immediate supervisor and the department director (or equivalent manager) of the past due account for cardholder (name). It has now been brought to our attention that this cardholder has a delinquent Government Travel Card balance of $_____ that is over 120 days past due. He or she has made no attempt to resolve this debt. Therefore, the account has been canceled. The cardholder has received notice of impending salary offset from the travel card contractor. If the cardholder is not eligible for salary offset, the Travel Card Contractor now will begin official collection action. Collection action may include credit bureau notification of the employee's failure to pay and garnishment of the employee's pay. Additionally, delinquent cardholders are subject to a $29 late fee per billing cycle for each and every billing cycle following the point at which the account became 75 days delinquent and additional $29 late fees for every subsequent billing cycle until the debt is resolved.

(Provide specific information regarding the delinquent account and any other information known about the individual's response to the previous notices of delinquency.)

Reinstatement of the cardholder's account requires payment of the debt in full and approval by the commander or director. The Travel Card Contractor reserves the right to deny reinstatement. Cardholders who do not properly liquidate their Government Travel Card debts, or use the card for personal purposes, also may be subject to disciplinary action in accordance with applicable statutory and regulatory provisions and the Multi-Unit Master Agreement for bargaining unit employees.

Please contact (name) Agency Program Coordinator, on extension _____, should further questions arise. Please have the cardholder sign to acknowledge receipt of this notification and return it with your written response, outlining the actions taken, within 5 business days.

(Signature)
Agency Program Coordinator

cc: Cardholder

Cardholder acknowledgement of memorandum receipt.

_____	_____
Name, Grade, Organization	Date
Name, Grade, Organization	Date