



Cardholder Transfer Request

Citibank® Government Travel Card Program

Instructions:

Agency Program Coordinators (APCs) should use this form to transfer one or more cardholder accounts into a hierarchy within their span of control. Questions? Contact Commercial Card Services Norfolk toll-free 1-866-670-6462 from the U.S. and Canada or, if dialing from international locations, call 757-853-2467.

Contains personally identifiable information (PII) and should be handled in accordance with Federal and DoD Privacy Act Policy guidance.

Date:	
Attention:	
Fax:	866-951-8005

Section I: Hierarchy Information*

Hierarchy Level: Please complete as many hierarchy levels as are appropriate for your organization.							
HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8

Section II: APC Contact Information*

Agency/Organization Name:	Unit Name:			
APC Contact Information*	Name:			
	Business Phone:	Business Ext:	Business Fax:	
	Email Address:			
	Address Line 1:			
	Address Line 2:			
	Address Line 3:			
	City or APO/FPO:	State:	Zip/Postal Code:	
	Country:	Signature:		

Section III: Cardholder Transfer Details*

Transfer up to 20 cardholders into the hierarchy level indicated above. To transfer more cardholders, use an additional form(s).			
Account Number or SSN (Last 6 digits only)	Cardholder Name	Account Number or SSN (Last 6 digits only)	Cardholder Name

* Required Items. Form will be returned if required items are not completed.

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Instructions Sheet

Purpose:	Complete this form to transfer cardholder accounts into a hierarchy within your span of control.	
Instructions:	Who:	This form is to be completed by the APC (Agency Program Coordinator).
	When:	<p>Complete this form when there is a need to transfer one or more cardholder(s) into a hierarchy within your span of control.</p> <p><u>Please note:</u> Transfers within the same cycle date will be visible on CitiManager within two business days, i.e., Army hierarchy node to another Army hierarchy node. Transfers where there is a cycle date change will take place on cycle plus one day of the gaining Agency, i.e., Air Force hierarchy node to an Army hierarchy node will transfer on the 12th of the month (cycle 11 plus one day).</p> <p>DoD Travel cycle dates are as follows: Navy: 6, Marines: 6, Army: 11, Air Force: 22, Independents: 23</p>
	How:	<p>Section I: Hierarchy Information</p> <p><u>Hierarchy Level (required):</u> The hierarchy level (HL) numbers under which the cardholder accounts are to be transferred. Complete as many hierarchical levels as are appropriate for your organization. Each level of hierarchy consists of a seven-digit number; up to eight levels of hierarchy may be assigned. Hierarchy levels are sequential and indicate the organization's reporting level.</p> <p>A complete hierarchy level number always begins with Level 1, and contains successive level numbers, down to the lowest level assigned. It is required to determine the reporting group to which the Central Account will belong.</p>
	<p>Section II: APC Contact Information</p> <p><u>Agency/Organization Name</u> – Enter agency/organization name which is requesting the transfer(s).</p> <p><u>Unit Name</u> – Enter the unit name which is requesting the transfer(s).</p> <p><u>APC Name (required)</u> – Enter the name of the Agency Program Coordinator (APC).</p> <p><u>Business Phone (required)</u> – Enter the business work telephone number of the APC.</p> <p><u>Business Fax</u> – Enter the business fax telephone number of the APC.</p> <p><u>Email Address (required)</u> – Enter the business email address of the APC.</p> <p><u>Address (Lines 1, 2 and 3) (required)</u> – Enter the complete commercial address of the APC.</p> <p><u>City, State, Zip/Postal Code & Country (required)</u> – Enter the appropriate city, state, zip code and country of the APC.</p> <p><u>Signature (required)</u> – Signature of authorizing APC. Wet or Digital signature accepted.</p>	
	<p>Section III: Cardholder Transfer Details</p> <p><u>Account Number or SSN (required)</u> – Enter the last 6-digits of the account number or Social Security Number for each cardholder to be transferred into the hierarchy level indicated at the top of the form. This form will accommodate up to 20 transfers. If additional cardholder transfers are required, please complete another form.</p> <p><u>Cardholder Name (required)</u> – Enter the name for each cardholder to be transferred into the hierarchy level indicated at the top of the form. This form will accommodate up to 20 transfers. If additional cardholder transfers are required, please complete another form.</p>	
<p>Submit Request form via mail or fax as follows:</p> <p>Citibank Commercial Cards FAX TO: 866-951-8005 P.O. Box 10085 Norfolk VA 23513</p>		