



# Transfer Transaction Form for Travel Accounts

## Citibank® Government Travel Card Program

### Instructions:

Use this form to request a Travel account transaction to be transferred to another account. 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:	605-330-9902

### Section I: Agency & Account Information\*

Agency Name:	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Independent Agencies										
FROM Account: (In space below, enter account information in which the transaction is currently posted. This is known as the "sending" account.)											
Account Name:						Account Number (only the last 6 digits):					
TO Account: (In space below, enter account information in which the transaction should be posted. This is known as the "receiving" account.)											
Account Name:						Account Number (only the last 6 digits):					

### Section II: Transaction Information\*

Post Date (mm/dd/yy)	Sale Date (mm/dd/yy)	Amount	Reference Number	Type of Activity

### Section III: Reason & Remarks

Is Receiving Account Open?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Transfer*:	<input type="checkbox"/> Error <input type="checkbox"/> Other
Remarks (Enter remarks in the space provided below. If additional space is needed for remarks, please attach on a separate sheet.)			

### Section IV: Certification

Sending Account	Date: (mm/dd/yy)	FROM APC Name*:	APC Signature*:	Business Phone*:	Business Extension:
	Central Account Number*: (last 4 digits of 16-digit account number)			Business Fax:	
	Account Hierarchy HL String*: (last hierarchy level, 7-digits)				
Receiving Account	Date: (mm/dd/yy)	FROM APC Name*:	APC Signature*:	Business Phone*:	Business Extension:
	Central Account Number*: (last 4 digits of 16-digit account number)			Business Fax:	
	Account Hierarchy HL String*: (last hierarchy level, 7-digits)				

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



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### Section IV: Certification (continued)

<b>Purpose:</b>	APCs/CPMs may use this form to request a transaction to be transferred to another Travel account. <i>Note: If the transaction is an unrecognized or unauthorized charge, then the transaction should be disputed instead of transferred. Transactions that are transferred lose their dispute rights and all Level 3 data (i.e.: ticket number). Do not submit a dispute request on a Transfer Transaction Form.</i>	
<b>Instructions:</b>	<u>Who:</u>	This form is to be completed by the APC/CPM.
	<u>When:</u>	Complete this form when there is a need to transfer a transaction from one Travel account to another.
	<u>How:</u> Special Notes:	<ol style="list-style-type: none"> <li>I. Please note all items marked with * are required information. If any required item is missing, the form will be rejected.</li> <li>II. If the transaction is to be transferred out of your span of control, the Receiving APC must complete the lower portion of Section 4. If this information is missing, the form will be rejected.</li> <li>III. In addition, the Bank will reject the request for any one or more of the following reasons:           <ol style="list-style-type: none"> <li>a. Incomplete form, or illegible form, or invalid information provided.</li> <li>b. The APC requested a transfer to or from his own account. However, the request may be submitted by an alternate APC or a higher authority.</li> <li>c. Request submitted on any version of the dispute form.</li> <li>d. The Receiving IBA or CBA account is closed for any reason, or credit revoked at the individual or corporate level or charged off.</li> <li>e. The Receiving account does not have a current address resulting in returned mail. However, once the APC updates the address on the account, the request may be submitted again for processing.</li> <li>f. The transaction to be transferred is a:               <ol style="list-style-type: none"> <li>i. Cash withdrawal.</li> <li>ii. Partial dollar amount rather than for the full original charge.</li> <li>iii. The total balance on the account.</li> <li>iv. Payment or a provisional credit. For payment and provisional credit issues, do not complete this form; instead contact Government Card Customer Service for resolution.</li> </ol> </li> </ol> </li> <li>IV. The Bank reserves the right to refuse transfer of transactions as requested. Any dispute between departments as to the charges shall be resolved by the Government. The disputed transaction(s) will remain in the original account until a written notification of agreement by the disputing parties is received by the Bank.</li> <li>V. APCs submitting multiple transactions (more than three) to be transferred from the same sending account to the same receiving account, may attach a separate page with this information rather than completing another form. The attached page must include the same information found in section 2 – post date, sale date, amount, reference number and type of activity. In addition, the APC must note on the Remarks line (in Section 3) that a separate page has been attached. Do not submit copies of invoices with the transfer form.</li> <li>VI. Please print or type all information and return to the address or fax to the number listed below:</li> </ol>
	Section I:	<b>Agency Name &amp; Account Information:</b> <ul style="list-style-type: none"> <li>• <u>Agency Name (required field):</u> Select branch of service.</li> <li>• <u>FROM Account Name &amp; Account Number (required fields):</u> Type/print name of cardholder and/or account name and the last 6-digits of the account number where the transaction currently displays (this is the SENDING account).</li> <li>• <u>TO Account Name &amp; Account Number (required fields):</u> Type/print name of cardholder and/or account name and the last 6-digits of the account number where the transaction should be posted (this is the RECEIVING account).</li> </ul>

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### Section IV: Certification (continued)

		<p>Section II: <b>Transaction Information</b></p> <ul style="list-style-type: none"> <li>• <u>Post Date (required fields)</u>: The date the transaction posted to the account. This date may be found on the left-hand side of the invoice, directly beside the sale date.</li> <li>• <u>Sale Date (required fields)</u>: The date that the transaction was made. This date may be found on the left hand side of the invoice directly beside the post date.</li> <li>• <u>Amount (required fields)</u>: The dollar amount of the transaction. The amount is located on the right-hand side of the invoice. Please note: the entire dollar amount of the transaction will be transferred. No partial amounts will be transferred.</li> <li>• <u>Reference Number (required fields)</u>: The full reference number for the transaction. The reference number is located to the left of the type of activity on the invoice.</li> <li>• <u>Type of Activity (required fields)</u>: The activity type of the transaction. The Type of Activity is located next to the post date on the invoice.</li> </ul>
		<p>Section III: <b>Reasons &amp; Remarks:</b></p> <ul style="list-style-type: none"> <li>• <u>“Is Receiving Account Open?” (required field)</u>: Check the appropriate box, verifying the account is in an OPEN or CLOSED status. <i>Please note: The bank will not transfer any transaction TO a CLOSED account that has been closed for any reason. APCs are advised to open the account before submitting a Transfer Transaction Form.</i></li> <li>• <u>Reason for Transfer (required field)</u>: Check the appropriate box, to indicate the reason for the transfer <ul style="list-style-type: none"> <li>◦ Error: Setup error or system error</li> <li>◦ Other</li> </ul> </li> <li>• <u>Remarks</u>: Print any additional information that will facilitate resolution of the transfer transaction. To add additional remarks, attach a separate sheet and indicate in the Remarks section that additional remarks are attached. <i>Note: If this is a Multiple Transfer request with an attached page, write “separate page attached” in this space. Do not submit copies of invoices with the transfer form.</i></li> </ul>



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### Section IV: Certification (continued)

	Section IV:	<p><b>Certification</b></p> <ul style="list-style-type: none"><li>• <b>SENDING Account:</b><ul style="list-style-type: none"><li>◦ <u>Date:</u> Date of signature in mm/dd/yy format.</li><li>◦ <u>FROM APC Name (required field):</u> Type/print the APC name authorized to initiate transfer transaction (the Sending APC).</li><li>◦ <u>APC Signature (required field):</u> The APC name and signature must match. Wet or Digital signature accepted.</li><li>◦ <u>Business Phone and Fax Numbers:</u> Enter commercial phone number of APC including area or country codes.</li><li>◦ <u>Central Account Number:</u> Provide the last 4 digits of the central account number for verification purposes.</li><li>◦ <u>Account Hierarchy HL String:</u> Provide the last Hierarchy level (7 digits) for your hierarchy point (up to 8 levels). This information is used for verification purposes.</li></ul></li><li>• <b>TO Account:</b> If the transfer transaction is being moved to an account outside the Sending APC's span of control, forward this form to the Receiving APC to complete the following:<ul style="list-style-type: none"><li>◦ <u>Date:</u> Date of signature in mm/dd/yy format.</li><li>◦ <u>TO APC Name (required field):</u> Type/print the APC name authorized to receive the transfer transaction (the Receiving APC).</li><li>◦ <u>APC Signature (required field):</u> The APC name and signature must match. Wet or Digital signature accepted.</li><li>◦ <u>Business Phone and Fax Numbers:</u> Enter commercial phone number of APC including area or country codes.</li><li>◦ <u>Central Account Number:</u> Provide the last 4 digits of the central account number for verification purposes.</li><li>◦ <u>Account Hierarchy HL String:</u> Provide the last Hierarchy level (7 digits) for your hierarchy point (up to 8 levels). This information is used for verification purposes.</li></ul></li></ul>
		<p><b>Submit Request form with supporting documentation via mail or fax as follows:</b> Citibank Commercial Cards P.O. Box 10085 Norfolk VA 23513 FAX TO: 605-330-9902</p>