



GOVERNMENT PURCHASE CARD  
CONVENIENCE CHECKS

## REQUESTING GOVERNMENT PURCHASE CARD (GPC) CHECKS

**1. PURPOSE:** This Standard Operating Procedure (SOP) establishes responsibility and procedures for using GPC convenience checks for contractor/vendor payments. This SOP is initiated to comply with Federal Acquisition Regulation (FAR) 13.305-2.

**2. SCOPE:** Procedures apply to all customers requesting GPC convenience checks issued by the Directorate of Contracting supporting the Defense Language Institute, Presidio of Monterey and tenant organizations. Use of GPC convenience checks should be an exception. The preferred method of payments under \$2,500 is the Government Purchase Card.

### 3. PROCEDURES FOR GPC CONVENIENCE CHECK REQUESTS

a. No GPC check can exceed \$2,500. Requirements cannot be split to circumvent the \$2,500 limit.

b. The requesting office cardholder will perform the following:

(1) Initiate **GPC Check Purchase Request (CPR)** document (see attachment 1). The CPR form replaces the use of the SF1034 for Check purchase request.

(2) CH Certify on CPR that the vendor does not accept the GPC card.

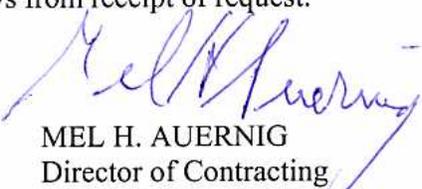
(3) CH Certify on CPR that no person has obligated the government or requested goods or services prior to obtaining a GPC check.

(4) Route CPR through your GPC Approving Official and Directorate of Resource Management (DRM) budget office for certification of available funds.

(5) Route CPR to Directorate of Contracting (DOC) for assignment to a GPC Check-writer. DOC will then provide a **Notice to Proceed Authorization** on the CPR to obtain supply/service.

(6) CH proceeds to order supply/service. After service or goods have been received, forward CPR back to Check-writer with signature acknowledging receipt of goods/services within 5 days. If check is required prior to receipt of goods/services, the Government Representative shall be required to sign a "Responsibility" form (Attachment 2).

c. DOC will issue the check to the CH for distribution and provide notification to the DRM. Normal DOC processing time is estimated at five working days from receipt of request.

  
MEL H. AUERNIG  
Director of Contracting

Enclosures:

Attachment 1 - Check Purchase Request (CPR)

Attachment 2 - GPC Responsibility Form

## GPC Check Purchase Request (CPR)

**WORKSHEET SHALL BE COMPLETED FOR EACH GPC CHECK TRANSACTION**  
**FAX form to DOC 831-242-6585**

<b>Date Request Prepared (YYYY/MM/DD)</b>	<b>Unit/Activity:</b>
	<b>Requisition Number &amp; Date:</b>
<b>Cardholder (CH) Name:</b>	<b>Cardholder Phone No.</b>
<b>Payee Name</b>	<b>Payee Address:</b>
<b>Payee Phone No.</b>	
<b>Payee Tax ID or Social Security Number:</b>	

Date of Delivery	Articles or Services (Enter description and other information deemed necessary)	Qty	Unit Price	Amount

**Approved for: \$**

<b>GPC Approving Official</b>	<b>Signature:</b>
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**ACCOUNTING CLASSIFICATION**

<b>Budget Analyst Name &amp; Telephone Number:</b>	<b>Signature:</b>
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**Cardholder - I certify that:**  
 The payee does not accept the GPC.  
 The payee is not a Government employee.  
 No one has obligated the Government for requested goods or services prior to obtaining GPC Check-writer approval.  
 The charges placed on this check are to support the unit/agency mission and are not for personal use, gain and/or profit.

<b>Cardholder Signature:</b>	<b>Date:</b>
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*Directorate of Contracting Notice to Proceed Authorization for CH to obtain supply/service*

<b>DOC Check-writer Name:</b>	<b>DOC Check-writer Signature:</b>
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<b>Date Supply/Service Received:</b>	<b>Signature of Government Representative</b>
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<b>Check Number</b>	<b>Picked up by:</b>
<b>Check Issue Date:</b>	<b>Mailed to payee:</b>

**Privacy Act Statement**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

**ATTACHMENT 2  
GOVERNMENT PURCHASE CARD CONVENIENCE CHECK  
RESPONSIBILITY FORM**

**Subject: Check pick up**

**Date:** \_\_\_\_\_

**As the representative of the (organization)** \_\_\_\_\_,

**I (print name)** \_\_\_\_\_

**picked up checks (numbers and amounts)** \_\_\_\_\_

**from the Directorate of Contracting. I will be responsible for the disbursement of these checks either by mail or present the checks to the contractor after the service is performed.**

**As part of my obligation, I will email or fax the GPC Check-writer the completed CPR form no latter than 5 days after receipt of goods / services.**

**Signature** \_\_\_\_\_