

APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE

(Read Privacy Act Statement and Instructions before completing form.)

PRIVACY ACT STATEMENT

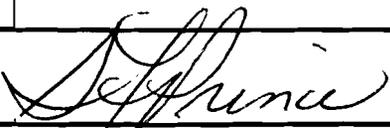
AUTHORITY: E.O. 9397, 31 U.S.C. §§ 3325, 3528, DoD Financial Management Regulation, Vol. 5, Chapter 33, and DoDD 7000.15, DoD Accountable Officials and Certifying Officers.

PRINCIPAL PURPOSE(S): To maintain a record of certifying and accountable officers' appointments, and termination of those appointments. The information will also be used for identification purposes associated with certification of documents and/or liability of public records and funds.

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve banks to verify authority of the accountable individual to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude appointment.

SECTION I - FROM: COMMANDER/APPOINTING AUTHORITY

1. NAME <i>(First, Middle Initial, Last)</i> Saundra Prince		2. TITLE Director, Resources Management	3. DOD COMPONENT/ORGANIZATION National Defense University
4. DATE <i>(YYYYMMDD)</i> 20071004	5. SIGNATURE 		

SECTION II - TO: APPOINTEE

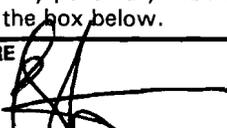
6. NAME <i>(First, Middle Initial, Last)</i> Bonnie J. Swanson		7. SSN 000-00-1770	8. TITLE Vice Director Capstone/Keystone/Pinnacle
9. DOD COMPONENT/ORGANIZATION National Defense University		10. ADDRESS <i>(Include ZIP Code)</i> 408 4th Ave, Bldg 59, Rm 280 Fort McNair, DC 20319	
11. TELEPHONE NUMBER <i>(Include Area Code)</i> (202) 685-2330		12. EFFECTIVE DATE OF APPOINTMENT <i>(YYYYMMDD)</i> 20051001	
13. POSITION TO WHICH APPOINTED <i>(X one)</i> <input checked="" type="checkbox"/> CERTIFYING OFFICER <input type="checkbox"/> ACCOUNTABLE OFFICIAL <input type="checkbox"/> OTHER <i>(Specify)</i>			

14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY SHOWN ABOVE. YOUR RESPONSIBILITIES WILL INCLUDE:
 As a travel program certifying official, you will be responsible for certifying payment vouchers and documents for the government travel program. Responsibilities will include direct/authorize travel, approve trip arraignments/travel expenses, review the document for accuracy or local policy. You must become thoroughly familiar with your responsibilities and accountability. By your signature below, you acknowledge this appointment and affirm that you have read and understand your responsibilities and accountability as described in Title 31, US Code, sections 3325 and 3528, DoD Directive 7000.15 and Volume 5, Chapter 33 of the DoD Financial Management Regulation.

15. YOU ARE ADVISED TO REVIEW AND ADHERE TO THE FOLLOWING REGULATION(S) NEEDED TO ADEQUATELY PERFORM THE DUTIES TO WHICH YOU HAVE BEEN ASSIGNED:
 DoDFMR, Vol. 5, chapter 33;

SECTION III - ACKNOWLEDGEMENT OF APPOINTMENT

I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds under my control. I have been counseled on my pecuniary liability and have been given written operating instructions. I certify that my official signature is shown in the box below.

16. PRINTED NAME <i>(First, Middle Initial, Last)</i> Bonnie J. Swanson	17. SIGNATURE 
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SECTION IV - TERMINATION OF APPOINTMENT

The appointment of the individual named above is hereby revoked.		18. EFFECTIVE DATE <i>(YYYYMMDD)</i>	19. APPOINTEE INITIALS
20. NAME OF COMMANDER/APPOINTING AUTHORITY	21. TITLE	22. SIGNATURE	