

## REQUEST FOR AUTHORIZATION TO OBLIGATE EXPIRED DEFENSE HEALTH PROGRAM APPROPRIATIONS

Requesting Organization/ Activity	<input type="checkbox"/> USUHS	Organization Name	Organization Senior Financial Manager/Comptroller
	<input type="checkbox"/> MTF / Market		Name:
	<input type="checkbox"/> DHA Directorate		Phone:
	<input type="checkbox"/> MILDEP/SG		Email:
	<input type="checkbox"/> PEO DHMS	Date (DD/MM/YYYY):	
	<input type="checkbox"/> Other		

### SECTION I - Point of Contact (Requestor)

Name		Grade
Title		E-mail
Phone	Address	
City	State	ZIP

### SECTION II - Upward Adjustment Requirement

Dollar Amount of Upward Adjustment	Fiscal Year to be Adjusted
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### SECTION III - Availability of Funds

**Requestor:** Are the requested funds available within your organization's program for the year in question?    **Yes**    **No**    **Partially**

**DHA B&E:** If the funds are not available in the organization's program, are the requested funds available within the DHP appropriation for the year in question?  
 **Yes**    **No**    **Partially**

### SECTION IV - Line of Accounting Data Elements from Original Obligation (Attach copy of obligating document)

<i>Select accounting system in which adjustment will be made</i>	<i>Enter line of accounting to be adjusted (if more space is needed, continue in Section IX)</i>
<input type="checkbox"/> GFEBs	
<input type="checkbox"/> DEAMS	
<input type="checkbox"/> Oracle Federal Financials	
<input type="checkbox"/> STARS-FL	
<input type="checkbox"/> DAI	

### SECTION V - Legal basis for adjustment

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### SECTION VI - Purpose of Adjustment and Description of Circumstances/Justification

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### SECTION VII - Previous Adjustments and/or Additional Information (Check the appropriate box(es))

<input type="checkbox"/>	This program/project was previously adjusted (if checked, complete the following)	
<input type="checkbox"/>	Amount of previous adjustments:	FY:
<input type="checkbox"/>	Total of all prior expired year adjustments to this program, including this adjustment:	
<input type="checkbox"/>	Determinations & Findings is attached (if applicable)	
<input type="checkbox"/>	Contract-related upward adjustment	Contract Number:
		Contract Type (FFS, IDIQ, etc):
	Contracting Officer Name:	Phone:
	Contracting Officer E-mail:	
	Prime Contractor Name and Address:	

**SECTION VIII - Certification**

Requestor	I certify that to the best of my knowledge the requested adjustment is properly chargeable to the appropriation indicated in Section IV of this form.
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**SECTION IX - Approvals**

Different levels of approval are required depending on the amount of expired funds being requested.

- **Level A:** For amounts less than or equal to \$1M the stated signatures are required.
- **Level B:** For amounts greater than \$1M but less than \$4M, the Level B signatures are required in addition to Level A.
- **Level C:** For amounts greater than or equal to \$4M but less than \$25M, Levels A, B, and C signatures are required.
- **Level D:** For amounts greater than or equal to \$25M, Levels A, B, C, and D signatures are required.

	USUHS	MTF / Market/Others	DHA Directorate	MilDep/SG	PEO DHMS
<b>A- Amount Less than or equal to \$1M</b>	USUHS Comptroller <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	DCFM Financial Support Desk - Desk Chief <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	DHA - FOD Rep <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	MilDep/SG CFO <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	PEO DHMS CFO <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
	Comments:	Comments:	Comments:	Comments:	Comments:
<b>B- Amount Greater than \$1M but Less than \$4M</b>	USUHS Comptroller <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	DCFM Financial Support Desk - Branch Chief <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	DHA - FOD Chief <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	MilDep/SG CFO <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	PEO DHMS CFO <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
	Comments:	Comments:	Comments:	Comments:	Comments:
<b>C- Amount Greater than or equal to \$4M but Less than \$25M</b>	This request meets the threshold requiring approval from OUSD(C)/PB before proceeding. Sufficient funds <input type="checkbox"/> are available / <input type="checkbox"/> are not available within the DHP portfolio to fund this request. Our request to OUSD(C)/PB includes: (a) The amount and the purpose for which funds are to be obligated; and (b) An explanation of the obligation adjustment including the reason for the adjustment and the contingencies or management practices that necessitated the adjustment.				
	<b>DHA J8 Certification (not required for USUHS requests)</b>			<b>DASD, HRM&amp;P Review</b>	
	<b>OUSD(C)</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved		
<b>D- Amount Greater than or equal to \$25M</b>	This request meets the threshold requiring USD(C) to notify the Armed Services Committee and the Appropriation Committees of the Senate and the House of Representatives. The corresponding letters of notice of intention to make the obligation are (attached) and which include the legal basis and policy reasons for the obligation. After 30 days have elapsed following submission of the written notices, the proposed obligation may be made unless the congressional committee notifies the USD(C) of its disapproval.				
	<b>OUSD(C)</b>	Unless otherwise notified by this office, the obligation may be made after the following date (DD/MM/YYYY):			

**SECTION IX - Additional comments**