Recommended Information for Self-Registration DTS

COMMON DATA

SSN (REQUIRED)	
FIRST NAME	
MIDDLE INITIAL	
LAST NAME	
Gender	

EMAIL ADDRESS:	

Duty Station Data

School Name	
Address, Line 2	
City (Do not use APO/FPO)	
State/Country	
Zip Code	
Telephone	

Government Charge Card (GOVCC) Data

GOVCC Holder (Y/N)	
Account Number	
Expiration Date	

PRIVACY ACT
AUTHORITY: 5 U.S.C 57, Travel, Transportation, and Subsistence; 10 U.S.C. 135, Under Secretary of Defense (Comptroller); 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 5013 Secretary of the Navy; 10 U.S.C. 8013 Secretary of the Air Force;
DoD Directives 7000.14-R; and E.O. 9397 (SSN). PRINCIPAL PURPOSE(S): To obtain information for processing a request to travel at Government expense on official Department of Defense business and for processing a claim for reimbursement of authorized and legitimate expenses incurred as a result of such travel.

ROUTINE USE: For Federal and private entities providing travel services for purposes of arranging transportation at Government expense for official business.

DISCLOSURE: Voluntary, however, failure to provide all of the requested information may preclude the processing of both the travel request and the claim for reimbursement.

DEPARTMENT OF DEFENSE: Department of the Army Narrative Statement on a New System of Records Under the Privacy Act of 1974.

General Traveler Data

GS EQUIVALENT GRADE (i.e., GS-12, GS-6)	
Mailing Address, Line 1	
Mailing Address, Line 2	
APO/FPO	
State/Country	
Zip Code	
Is Mailing Address Same as Residential Address (Y/N)	

Personal Data

Resident Address, Line 1	
Resident Address, Line 2	
Resident City (Do not use APO/FPO)	
Resident State/Country	
Resident Zip Code	
Resident Telephone	

Electronic Funds Transfer Data
(Enter only ONE Account and Routing Number)
This is a mandatory requirement, funds are disbursed through Direct Deposit.

CHECKING ACCOUNT

Check Routing Number*	

**The first nine-digit number at the bottom of your checks.*

Account Number	

SAVINGS ACCOUNT

Savings Routing Number	
Savings Account Number	

SAVE THIS FORM WITH A DIFFERENT FILE NAME PRIOR TO EMAILING.

To send this form to your appropriate DTA: High-light the appropriate email address in the drop down box, cut and paste it into a new email message.

Select from list	DTS-Heid@eu.dodea.edu