

eTravel New Profile Request

PRIVACY ACT STATEMENT: This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a.

AUTHORITY: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 110012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109.

PURPOSE: The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government.

ROUTINE USE(S): The information will be used by officers and employees who have a need for information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011 (b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number;

DISCLOSURE: Disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.



Enterprise Services Center
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Must Use Full Legal Name

FIRST MIDDLE LAST

GOVERNMENT EMAIL *Note for Invitational Travelers provide Arranger email

EMPLOYEE ID # OFFICE PHONE

MAILING ADDRESS

CITY STATE ZIP

ORGANIZATION INFORMATION

MINOR CUSTOMER ROUTING

TEMPLATE

USER ACCESS Check All That Apply TRAVELER ROUTING LIST OFFICIAL (Reviewer, Fund Certifier, Approver) ARRANGER

USER TYPE DOCUMENT VIEW ACCESS

ARRANGER ACCESS REPORTS ACCESS

APPROVER ACCESS TRAVEL CARD USE

Favorite Line of Accounting and Comments:

NOT FOR OPM USE - DIRECT DEPOSIT INFORMATION AND TRAVELER SIGNATURE ARE NOT REQUIRED

All travelers and approvers must complete this section - if user is an E2 Arranger only, notate in comments section 'ARRANGER ONLY'

FINANCIAL INSTITUTION NAME

NAME ON BANK ACCOUNT

9-DIGIT ROUTING NUMBER ACCOUNT NUMBER

ACCOUNT TYPE CHECKING SAVINGS

*TRAVELER/USER SIGNATURE: _____

AGENCY APPROVAL

NAME GOVERNMENT EMAIL

*APPROVER'S SIGNATURE: _____