

ITA TRAVEL PROFILE

This form will provide your travel coordinator with all of the basic information needed for your travel at NPS, eliminating the need for submitting the information each time you travel in the future.

Social Security Number/Employee ID Number: _____

OR

Foreign Travelers: Nine digit ID number _____ Country: _____

First Name: _____ Middle Name(s): _____

Last Name: _____

NOTE: Your full name in DTS documents and boarding passes must match your name on the ID presented to TSA personnel during security check in at the airport.

ODTA Email Address: _____

Mailing Address: _____

City/State/Zip: _____ Country: _____

Gender: Male: Female: Date of Birth: _____

Home Phone #: _____

Emergency Contact: _____ Phone # _____

Work Address: _____

City/State/Zip: _____ Country: _____

Work Phone #: _____ Work Fax #: _____

What is your frequent flyer #? _____ Airline: _____

_____ Airline: _____

Wheelchair/physically challenged accessible?

NOTE: You must fill out and sign an Electronic Funds Transfer form and submit it to your travel coordinator for forwarding to the NPS Travel Office before you can travel with the Defense Travel System.

PRIVACY ACT STATEMENT

Authority:	5 USC 5701, 37 USC 404-427, EO 9397, 31 USC 3322, 31 CFR 208, 209 and/or 210
Principal Purpose(s)	SSN is required for identification of traveler and linkage to the financial information in the Defense Finance and Accounting Service database in order for the traveler to be reimbursed for approved travel expenses.
Routine Use(s):	To identify the traveler in the Defense Travel System.
Disclosure:	Voluntary; however, failure to furnish information requested will result in inability to perform invitational travel on official government business.