

# TRAVEL HISTORY FORM

## PRIVACY ACT STATEMENT:

**Authority:** USC 5701.37, USC 404-427, EO 9397.31, CFR 209 and/or 210.

**Principal Purpose(s):** Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from Federal agency to the financial institution and/or its agent(s).

**Routine Use(s):** To substantiate claims for reimbursement for official travel.

**Disclosure:** Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed and may delay or prevent the receipt of payments through the ETF/DDS programs.

<b>NAME</b> (Last, First, MI):	<b>SSN:</b>
<b>Pay Grade</b> (i.e., E5, O3, GS9):	<b>Activity/Command:</b>
<b>Work Phone:</b> Comm:  DSN:	<b>Home Phone:</b>

**Home Address, City, State, Zip:**

## FOR EFT/DDS PAYMENTS PLEASE PROVIDE THE FOLLOWING INFORMATION:

<b>Account Type</b> (Circle one):  Checking                  Savings	<b>Account Number:</b>
<b>Name of Financial Institution:</b>	<b>Financial Institution's Routing Number (RTN):</b>  Note: Routing Number must be 9 digits and can be found on the bottom of your checks or from your financial institution.
<b>Signature of MBR:</b>	<b>Date:</b>