

DTS USER FORM

Office Phone Number:

AKO Email Address of Traveler:

Requested Type:

- Add – Request user access for a new person in your organization.
- Change – Request user access be moved to a different Group of Organization.
- Delete – Request user access to be deleted from DTS.

If Delete, Reason for Deletion:

DTS User Access Information

Social Security Number:

Electronic Funds Transfer (EFT) Account Number:

Electronic Funds (EFT) Routing Number:

Type of Account:

- Savings
- Checking

Citi Travel Card Account Number:

Citi Expiration Date (MM/YY Format):

Last Name as stated on CAC Card Identity properties:

First Name as stated on CAC Card Identity properties:

Middle Initial (if one is indicated on your CAC Card Identity properties):

Military Rank (i.e., ME-04, MO-06, etc.):

Civilian Grade (i.e., GS09, YA-02, WG-05):

Home Address:

Home City:

Home State:

Home Zip Code:

Organization Name (i.e., CGSC, SAMS, AMSC):

Office Address:

Office City:

Office State:

Office Zip Code:

Course Attending:

Price of Airfare: \$

Travel Dates:

LOA if your organization is funding a rental car:

Excess Baggage: \$

Mileage to and from airport: \$

Parking: \$

Shuttles: \$

Do you have a government credit card? ___ yes ___ no