

**DEFENSE TRAVEL SYSTEM INFORMATION SHEET**

**PRIVACY ACT STATEMENT**

**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, 5 U.S.C. 57, Travel, Transportation and Subsistence.

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\_ The following information will be used to create a profile in the Defense Travel System to create your travel itinerary for New Student Indoctrination in Great Lakes, Illinois. **Please fill out on a computer. (ALL FIELDS ARE REQUIRED)**

Will you be dropped off at Naval Station Great Lakes, IL by a family member?

Will you be picked up at Naval Station Great Lakes, IL by a family member?

**(All personnel being dropped off are to report between the hours of 0800 and 1100 to The National Museum of the American Sailor, Building 42, 610 Farragut Avenue, Great Lakes, Illinois 60888.)**

Will you require a flight to Naval Station Great Lakes, IL?

Will you require a flight from Naval Station Great Lakes, IL?

**(All inbound flights are to land at O'Hare International Airport by 1600)\*Flights will be arranged by University Pers.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Full Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

OPTION: Navy Option or Marine Option

School Approved for: \_\_\_\_\_ Gender \_\_\_\_\_

Home of record (Usually Mother/Fathers address) **\*\*This is also the address we will use for your transportation to/from New Student Indoctrination\*\*:**

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(Number and Street Name)

(City, State, Zip Code)

Cell Phone #: \_\_\_\_\_ Resident Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

What account do you want your travel claim money to be deposited in? Checking or Savings:

Checking or Savings **Routing** Number: \_\_\_\_\_

Checking or Savings **Account** Number: \_\_\_\_\_