Defense Travel System
A New Era of Government Travel

General Information

First Name _____ Middle Initial _____ Last Name _____

SSN _____ Gender _____ Email Address _____

Mailing Address

Address _____ City _____ State _____ Zip/Postal Code _____

Residence Phone Number _____ Is mailing address same as residential address? ☐ Yes ☐ No

Emergency Contact Information

Emergency Contact Name _____ Emergency Contact Phone Number _____

Required Work Information

☐ Civilian ☐ Military
☐ Active Duty ☐ Reserve Rank _____

Organization _____

Organization Address _____ City _____ State _____ Zip/Postal Code _____

Total Work Hours in Day _____ Duty Station Phone Number _____ Duty Station Fax Number _____

Government Charge Card Data

Gov't Charge Card Holder: ☐ Yes ☐ No If no, have you submitted application? ☐ Yes ☐ No

Account Number: _____

GOVCC Expiration Date: _____

Electronics Funds Transfer Data

Checking Routing Number: _____

Checking Account Number _____

OR

Saving Routing Number: _____

Saving Account Number _____

DTS SELF-REGISTRATION WORKSHEET