OFFICE OF NAVAL RESEARCH
TRAVEL HISTORY FORM

Privacy Act Statement

Authority: 5 USC 5701, 37 USC 404-427, EO 9397, 31 USC 3322, 31 CFR 209 and/or 210.

Principal Purpose(s): Used for reviewing, approving 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 saved to process payment data from the Federal agency to the financial institution and/or its agent.

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.

Your Name:

Your Activity:

Your Pay Grade (i.e. E5, 03, GS9):

Your home street address, city, state and zip code:

For EFT/DDS payments please provide the following information:

Account Type: ☐ **Checking** ☐ **Savings**

Account Number:

Financial Institutions Routing Transit Number (RTN) available on the bottom of your checks or from your financial institution: _____

Signature: _____ Date: _____