



<b>ACTION</b>
<b>NEW</b>
<b>MODIFY EXISTING ITA</b>
<i>(CHECK BOX THAT APPLIES)</i>

## Request for Invitational Travel Authorization

<b>SECTION I. (SOLDIER INFORMATION)</b>		<b>EVENT:</b>	
<b>NAME(LAST, FIRST M.I.)</b>		<b>RANK</b>	<b>SSN</b>
<b>UNIT</b>	<b>PHONE</b>	<b>EMAIL</b>	

<b>SECTION IIa. (TRAVELER INFO. #1, REQUIRED)</b>			<b>FULL SSN</b>
<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	
<b>ZIP CODE</b>	<b>DATE OF BIRTH</b>	<b>PHONE NUMBER</b>	
<b>EMAIL</b>			
<b>GENDER</b>	<b>MALE</b>	<b>FEMALE</b>	<b>RELATIONSHIP TO SOLDIER</b>
<b>MODE OF TRANSPORTATION</b>	<b>PERSONAL AUTO (TRAVEL WITH SOLDIER )</b>		
	<b>COMM AIR (DESIRED FLIGHT TIME )</b>		

<b>SECTION IIb. (TRAVELER INFO. #2, OPTIONAL)</b>			<b>FULL SSN</b>
<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	
<b>ZIP CODE</b>	<b>DATE OF BIRTH</b>	<b>PHONE NUMBER</b>	
<b>EMAIL</b>			
<b>GENDER</b>	<b>MALE</b>	<b>FEMALE</b>	<b>RELATIONSHIP TO SOLDIER</b>
<b>DESIRED MODE OF TRANSPORTATION</b>	<b>PERSONAL AUTO (TRAVEL WITH SOLDIER )</b>		
	<b>COMM AIR (DESIRED FLIGHT TIME )</b>		

Please enter the information to EXACTLY match the state or government issued identification card/document the traveler will be using at airport security. When entering last name, do not include suffixes (e.g., Jr.). If ITA traveler is accompanying the Soldier, only the Soldier will be eligible for reimbursement of travel expenses (i.e., POV mileage, hotel room).

Signatures are not required on the Direct Deposit Form for processing. Completed forms must be submitted at least **Two Weeks** prior to Yellow Ribbon Events. Those Requests received within two weeks of the event may not be processed by the event date. No ITA Requests will be processed after the event.

All ITA request must be submitted using this form and via email. No paper or scanned submissions will be processed. I have read and understand the ITA Travel Policy. (Check box)





## BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

### PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

### INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C)** Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F)** Type of payment is printed to the left of the amount.

<b>United States Treasury</b> 15-51 000		AUSTIN, TEXAS	Check No. 0000 415785										
<table border="1" style="font-size: small;"> <tr><td>Month</td><td>Day</td><td>Year</td></tr> <tr><td>08</td><td>31</td><td>84</td></tr> </table>	Month	Day	Year	08	31	84	00 <b>(C)</b>	28 28	<table border="1" style="font-size: small;"> <tr><td>DOLLARS</td><td>CTS</td></tr> <tr><td>\$****100</td><td>00</td></tr> </table>	DOLLARS	CTS	\$****100	00
Month	Day	Year											
08	31	84											
DOLLARS	CTS												
\$****100	00												
Pay to the order of <b>(A)</b>		<b>(F)</b>	<b>NOT NEGOTIABLE</b>										
⑈00000518⑈ 041571926⑈													

### SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

### CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

### CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

### FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.