

Travel Programs Enrollment Request Form

(For State employees ONLY)

Please complete this form and drop off in the Travel In-Box in the State Comptroller's office (J-8)

Full name of employee: _____

Social Security Number: _____

AKO email address: _____

Work phone #: _____

Home phone #: _____

Division: _____

Directorate: _____

Index and PCA: _____

Date of Birth: _____

Gender (circle one): F or M

Check the following programs you would like to enroll the employee in:

<input type="checkbox"/>	CalATERS (Travel Reimbursement and Travel Advance request system) <input type="checkbox"/> Approver privileges
<input type="checkbox"/>	CALtravelstore (Travel reservation booking system)
<input type="checkbox"/>	State Travel Email Distribution List

SUPERVISOR'S APPROVAL:

Printed name: _____ Signature: _____

Date: _____
