

# Indian Health Service INVITATIONAL Traveler Profile Set-up

<b><u>1. FULL NAME OF INVITATIONAL TRAVELER (EXACTLY as it appears on the individual's primary form of identification, i.e. Driver's License):</u></b>		
First Name _____	Middle Name _____	Last Name _____
<b><u>2. SOCIAL SECURITY NUMBER:</u></b>	<b><u>3. HOME PHONE NUMBER:</u></b>	
<b><u>4. MAILING ADDRESS:</u></b>	<b><u>5. WORK PHONE NUMBER:</u></b>	
	<b><u>6. IHS TRAVEL PREPARER:</u></b>	
City _____ State _____ Zip Code _____		
Email Address: _____		
<b><u>7. GENDER: (Female/Male)</u></b>	<b><u>8. DIRECT DEPOSIT INFO</u></b>	
<b><u>9. DATE OF BIRTH: (m/dd/yyyy)</u></b>	Name of Bank _____	
	Name on Account _____	
	Acct Type: <input type="checkbox"/> Check <input type="checkbox"/> Savings	
	<input type="checkbox"/> <b>Voided Check / Deposit Attached</b> (Voided Check MUST be attached.)	
<i>Transportation Security Administration Requirements: All travelers are required to provide their name as it appears on a government-issued ID, date of birth, and gender for airline tickets. If any data is missing, reservations will be cancelled or tickets will not be issued.</i>		
<b><u>10. ORGANIZATIONAL CODE:</u></b>	For Internal OFA Use	
This identifies the office/program funding the invitational traveler. Make sure to select the correct Org Code and leave other lines "BLANK".	Entered in GovTrip	
	Header Req Faxed to IHS Help Desk	
	Header Already Exists in UFMS	
	INVITATIONAL Supplier Site Entered	

**Submit completed form to the OFA/DFO in person to TMP 360 or by fax to 301-443-9910.**