



eTravel Participant Enrollment Request

(Please print legibly)

Employee Name (Last, first, MI)		Employee ID (8 digits)		User I.D. (6-digit alphanumeric)	
Employee Work Location		E-mail Address		Work Telephone No. (Include area code)	
Role of Employee (Check all that apply) <input type="checkbox"/> Traveler <input type="checkbox"/> Approver		Employee Type (Check one) <input type="checkbox"/> PCES/EAS <input type="checkbox"/> Craft <input type="checkbox"/> Officer <input type="checkbox"/> OIG			
Work Location Mailing Address	Address (No., street, ste. no.)			ZIP + 4 [®]	
	City		State		
Authorized Approving Manager's Name (Please print)			Finance Number		Work Telephone No. (Include area code)

Electronic Funds Transfer (EFT) Enrollment Information

EFT payment is required for all EAS and PCES employees who will receive reimbursement through eTravel. EFT payment is preferred for all bargaining unit employees. Employees may enter EFT information through PostalEASE online, or by completing the EFT information below.

Should we use the same account as your payroll net-to-bank for eTravel reimbursements? Yes No

Complete this section if: (1) The answer to the question above is "No," or (2) If you wish to change your current EFT information for eTravel.

Check to indicate if EFT is for a new enrollment or to change a current travel EFT account.

New Change

Financial Institution Name			Telephone No. (Include area code)		
Financial Institution Address					
9-Digit Financial Routing Transit No.		Depositor Account No.		Account Type	
				<input type="checkbox"/> Checking (CODE 22) <input type="checkbox"/> Savings (CODE 32)	

NOTE: If you have more than one account in the same financial institution, you may need to contact the institution to ensure that your travel reimbursement funds are deposited to the correct account.

Privacy Act Statement: Your information will be used to provide access to eTravel for submission of reimbursement claims for miscellaneous expenses. Collection is authorized by 39 USC 401, 404, 410, 1001, 1005, 1206, and 2008.

Providing the information is voluntary, but if not provided, you will not be authorized for official business travel. We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; to the Merit Systems Protection Board or Office of Special Counsel; and to financial entities regarding financial transaction issues.

In order to participate in the eTravel system, and for purposes of setting up my employee profile, I agree that:

The eTravel coordinator may use information from this form to access USPS electronic information systems to confirm my finance number, Social Security number, government travel card account number, and EFT deposit information. I also understand that this information will be used to create an electronic "e1357" computer system responsibility agreement and logon identification number that will be provided for me to access the eTravel system. (Bargaining unit employees proxied by a Web alias may not receive the responsibility agreement and logon identification.) I agree that the use of my logon identification number and password to identify me as the submitter, and where appropriate, approver, of eTravel expense reports is acceptable to me.

Employee Signature			Date (MM/DD/YYYY)		
Please return completed form to your eTravel coordinator:		Name		Telephone No. (Include area code)	
OFFICE USE ONLY		EFT Input (Initials)		eAccess Input (Initials)	
				Date (MM/DD/YYYY)	

Instructions: Print all entries.

General

Employee Name	Enter the name (<i>last, first, MI</i>) of the employee for whom the eTravel account is being set up.
Employee ID	Enter the employee's 8-digit Employee Identification Number (EIN). The EIN is used in PostalEase Administrator to set up the supplier's Electronic Funds Transfer record in Accounts Payable.
User ID	Enter the employee's user ID. This is the 6-digit alpha-numeric number used in eAccess to set up an eTravel account.
Employee Work Location	Enter the employee's official duty station.
E-mail Address	Enter the employee's e-mail address (e.g., john.g.doe@usps.gov) or generic office e-mail (e.g., ~finance number).
Finance Number	Enter employee's finance number of official duty station.
Work Telephone Number (<i>Include area code</i>)	Enter the employee's telephone number at the official duty station.
Role of Employee (<i>Check all that apply</i>)	Check the role(s) that apply to the person for whom the eTravel account is being set up.
Employee Type (<i>Check one</i>)	Check employee's personnel type.
Work Location Mailing Address	Enter the address of the official duty station.
Authorizing Approving Manager's Name	Enter name of authorized approver of eTravel voucher.
Authorizing Approving Manager's Fin. No.	Enter finance number of approving manager.
Authorized Approving Manager's Tel. No.	Enter telephone number (include area code) of approving manager.

Electronic Funds Transfer (EFT) Enrollment Information

Should we use the same account as your payroll net-to-bank for eTravel reimbursements?	Check either "Yes" or "No." EFT payment is required for all EAS and PCES employees and preferred for all bargaining unit employees.
Check to indicate if EFT is for a new enrollment or to change an existing travel EFT account.	Check "New" if this is the first time you have entered an EFT account for travel in the accounts payable system for this employee. Check "Change" if the employee presently has a travel EFT account but wants to change.
Financial Institution Name	Enter the name of the bank where the account is located.
Telephone Number (<i>Include area code</i>)	Enter the telephone number of the financial institution.
Financial Institution Address	Enter the address of the financial institute.
9-Digit Financial Routing Transit Number	Enter the 9-digit bank routing number.
Depositor Account Number	Enter the account number where travel reimbursement is to be deposited.
Account Type	Check to indicate whether the account is a checking or savings account.
Employee Signature	Employee signs form attesting to qualification in preceding paragraph.
Date (<i>MM/DD/YYYY</i>)	Enter the month, date, and year that the form was signed.
Name	Enter the eTravel coordinator's name.
Telephone Number (<i>Include area code</i>)	Enter the telephone number of the eTravel coordinator.
Office Use Only	Used for office control.