EPA TRAVELER ID FORM

SECTION A – THIS SECTION MUST BE COMPLETED.

☑ **Invitational Traveler** ☐ **New Employee** If New Employee - ☐ EPA ☐ SEE

Which System(s)? ☐ Travel Manager ☐ GovTrip ☐ IFMS

LAST NAME	FIRST NAME	MI	Official Use Only EIN

STREET ADDRESS	CITY	STATE	ZIP CODE	WORK PHONE #

EPA OFFICE/ORGANIZATION	EPA APPROVING OFFICIAL	REQUESTED BY	TELEPHONE NUMBER
OA/OCIR/INTERGOV	KEVIN NELSON	JACK BOWLES	202-564-3657

SECTION B - COMPLETE THIS SECTION FOR DIRECT DEPOSIT REIMBURSEMENT

ROUTING NUMBER	ACCOUNT NUMBER	ACCOUNT TYPE: ☐ Checking ☐ Savings

NAME OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE

AUTHORIZATION: _____ _____

Traveler's Signature Date

THE CINCINNATI FINANCE CENTER

Travel Team Help Desk 513-487-2346 ~ FAX 513-487-2595 ~ Email CINWD_Travel@epa.gov

All information on this form, is required under 31 USC 3322, 31CFR 208 and 210. The information is needed to prove entitlement to payments and will be used to process payment data from the Federal agency to the financial institution and/or the traveler. Routine uses established for EPA-29 are applicable. Failure to provide the information in Section A will prevent the Agency from processing your reimbursement. Failure to provide the information requested in Section B will prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

Form 2635-4 (03-2008)