

YELLOW RIBBON REINTEGRATION PROGRAM DTS WORKSHEET DISCLOSURE STATEMENT

ABBREVIATIONS:
DTS – DEFENSE TRAVEL SYSTEM
ITA – INDIVIDUAL TRAVEL AUTHORIZATION
SM – SERVICE MEMBER
YRRP – YELLOW RIBBON REINTEGRATION PROGRAM

When complete please E-mail to : thomas.l.cleveland.mil@mail.mil

PLEASE NOTE:
ADDITIONAL ASSISTANCE IN COMPLETING THIS FORM CAN BE FOUND ON THE ATTACHED DTS WORKSHEET INSTRUCTIONS (LOCATED ON PAGE 2 OF THIS DOCUMENT). BY COMPLETING THIS FORM, YOU ARE SUPPLYING THE YELLOW RIBBON PROGRAM STAFF WITH THE INFORMATION NECESSARY TO REIMBURSE AUTHORIZED ATTENDANTS FOR TRAVELS, MEALS, & INCIDENTAL EXPENSES. **COMPLETING THIS FORM WILL NOT REGISTER YOU FOR AN EVENT.** ITA'S WILL BE CREATED FOR ATTENDANT'S OF SM'S LISTED BELOW WITH ACKNOWLEDGEMENT THAT (1) ONE SM IS AUTHORIZED FINANCIAL REIMBURSEMENT FOR UP TO (2) TWO ATTENDANTS. TO REGISTER FOR THE EVENT, PLEASE VISIT WWW.YELLOWRIBBONEVENTS.ORG

SERVICE MEMBER INFORMATION

(1) RANK:	(2) FIRST NAME:	(3) LAST NAME:
(4) E-MAIL:		(5) DATE OF EVENT:
(6) HOME PHONE:		(7) CELL PHONE:

1ST AUTHORIZED ATTENDANT INFORMATION

(1) SALUTATION:	(2) FIRST NAME:	(3) LAST NAME:
(4) SOCIAL SECURITY NUMBER:		
(5) GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	(6) RELATIONSHIP TO SM:	
(7) E-MAIL:		(8) PHONE:
(9) ADDRESS:		
(10) CITY:	(11) STATE:	(12) ZIP:
(13) NAME OF BANK:		
(14) ACCOUNT TYPE: CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> (Please Check One)		
(15) ROUTING NUMBER:		(16) ACCOUNT NUMBER:

2ND AUTHORIZED ATTENDANT INFORMATION

(1) SALUTATION:	(2) FIRST NAME:	(3) LAST NAME:
(4) SOCIAL SECURITY NUMBER:		
(5) GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	(6) RELATIONSHIP TO SM:	
(7) E-MAIL:		(8) PHONE:
(9) ADDRESS:		
(10) CITY:	(11) STATE:	(12) ZIP:
(13) NAME OF BANK:		
(14) ACCOUNT TYPE: CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> (Please Check One)		
(15) ROUTING NUMBER:		(16) ACCOUNT NUMBER:

YRRP DTS WORKSHEET INSTRUCTIONS

FOR ADDITIONAL ASSISTANCE IN COMPLETING THIS FORM, PLEASE CONTACT:

SFC THOMAS CLEVELAND-YELLOW RIBBON NCOIC
E-MAIL: thomas.j.cleveland.mil@mail.mil / OFFICE: 804-236-7844

SERVICE MEMBER INFORMATION

(1) RANK: [Insert the rank of the Service Member]	(2) FIRST NAME: [Insert the first name of the Service Member]	(3) LAST NAME: [Insert the last name of the Service Member]
(4) E-MAIL: [Insert the e-mail address belonging to the legal guardian of the youth that will be attending event]	(5) DATE OF EVENT: [Insert the date of the Event you registered for in JSS]	
(6) HOME PHONE: [Insert the home telephone number, including the area code, for the Service Member that will be attending the event. If there is not BOTH a home, or cellular phone number, leave the appropriate field blank]	(7) CELL PHONE: [Insert the cellular telephone number, including the area code, for the Service Member that will be attending the event. If there is not BOTH a home, or cellular phone number, leave the appropriate field blank]	

1ST AUTHORIZED ATTENDANTS INFORMATION

(1) SALUTATION: [Insert the salutation of the authorized attendant. If the attendant is a Service Member, DO NOT include Rank]	(2) FIRST NAME: [Insert the first name of the authorized attendant that will be attending the Yellow Ribbon Event]	(3) LAST NAME: [Insert the last name of the authorized attendant that will be attending the Yellow Ribbon Event]
(4) SOCIAL SECURITY NUMBER: [Insert the social security number of the authorized attendant]		
(5) GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> [Please select the appropriate gender]	(6) RELATIONSHIP TO SM: [Insert the authorized attendant's relationship to the Service Member. (i.e. mother, father, step-mother, child, etc.)]	
(7) E-MAIL: [Insert the e-mail address of the authorized attendant]		(8) PHONE: [Insert the telephone number of the authorized attendant]
(9) ADDRESS: [Insert the physical address of the authorized attendant]		
(10) CITY: [Insert the city of the first authorized attendant]	(11) STATE: [Insert the state of the first authorized attendant]	(12) ZIP: [Insert the zip code of the first authorized attendant]
(13) NAME OF BANK: [Insert the name of the financial institution belonging to the authorized attendant]		
(14) ACCOUNT TYPE: CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> (Please Check One) [Select the type of account that belongs to the civilian traveler]		
(15) ROUTING NUMBER: [Insert the civilian traveler's account routing number of the financial institution]	(16) ACCOUNT NUMBER: [Insert the civilian traveler's account banking number]	

2ND AUTHORIZED ATTENDANT'S INFORMATION

REPEAT THE STEPS ABOVE FOR THE 2nd AUTHORIZED ATTENDANT

Invitational Orders in DTS

https://dtsproweb.defensetravel.osd.mil/ - Defense Travel System-Welcome to DTS - Microsoft Internet Explorer provided by USAF

File Edit View Favorites Tools Help

Logged In As: MARSHALLE LORENZO Screen ID: 1151.1 Close Window
Traveler Name: MARSHALLE LORENZO Document Type: Authorization Help for this screen

Defense Travel System
A New Era of Government Travel

Trip Overview

Booking Travel using the Defense Travel System requires that you first provide information about your starting and ending locations (usually your home or duty station) and your TDY Locations for per diem purposes. You will be able to request bookings for transportation (e.g., air, car, rail) and lodging after these initial steps are complete.

Please Note: A Red Star (*) indicates a field is required.

A I am leaving from - (Select from list or enter below):

*Starting Point: RES: HILLSBORO * OR Search ← Starting locations in profile:
RESIDENCE
DUTY STATION

*Departing On: 09/15/2011 (mm/dd/yyyy)

*Trip Type: Select *Trip Purpose: Select

Trip Description:
Select
AA-ROUTINE TDY/TAD
AB-OPEN ALLOTMENT
AX-ARRANGEMENTS ONLY
B-PERM CHG STA
C-PERMISSIVE
D-HOUSE HUNTING
E-INVITATIONAL
E1-ITA FAMILY TRANS ONLY
E2-ITA FAMILY FULL REIMB
SPECIAL CIRCUMSTANCES

B I will be traveling - (Select from the list below)

Comm: Rental Car Other Time: Select

(Claim private vehicle transportation in expense-mileage. Use of government vehicle is non-reimbursable, show this in Expense-Non-Mileage.)

C My TDY location is - (Where I will be working):

*Location 1: Use Location Tools at Right ← Location Tools:
Search By:
Location
State/Country - Location
Zip Code
County Lookup

*Arriving On: 09/15/2011 (mm/dd/yyyy)

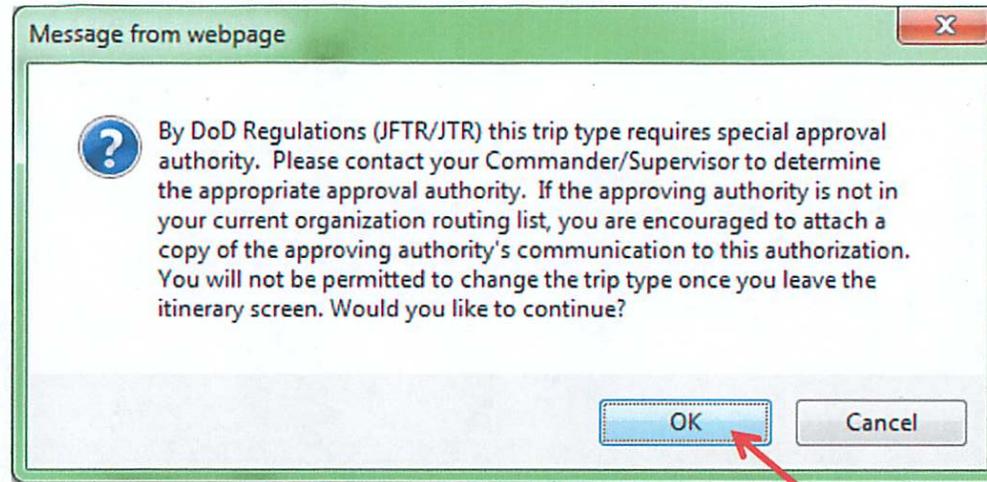
*Departing On: (mm/dd/yyyy)

D At this location I will need - (Select all that apply from the list below)

Rental Car Lodging

- Create a new authorization just like a normal TDY.
- Select "E2-ITA" in the Trip Type drop down.
- A message window will appear.

Note: This must be processed by the military member, under his/her own DTS profile.



- Read message.
- Click on OK button.

https://dtsproweb.defensetravel.osd.mil/ - Defense Travel System-Welcome to DTS - Microsoft Internet Explorer provided by USAF

Logged In As: [MARSHALLE LORENZO](#) Screen ID: 1023.1 [Close Window](#)
 Traveler Name: [MARSHALLE LORENZO](#) Document Type: Authorization [Help for this screen](#)



Dependent Search

All routing, accounting, and reimbursement is made to the sponsor. Please select a dependent from the list below or use the second section to create a new entry. Note that only one entry may be created outside of the permanent profile.

Choose a Dependent:

Select	Dependent Name	Relationship	DOB	Passport ID	Exp. Date

Create Dependent:

Select	Dependent Name	Relationship	DOB	Passport ID	Exp. Date
<input type="button" value="Create"/>	Last: <input type="text" value="Lorenzo"/>	<input type="text" value="Spouse"/>	<input type="text" value="08/03/1978"/>	<input type="text" value=""/>	<input type="text" value=""/>
	First: <input type="text" value="Angela"/>				
	Middle: <input type="text" value=""/>				
<input checked="" type="checkbox"/> Save to Permanent Profile					

- A new screen will display to add dependents.
- Fill out the appropriate fields, then click "Create button"
- There is option to Save to Permanent File.
- You can only add up to 2 dependents.

https://dtsproweb.defensetravel.osd.mil/ - Defense Travel System-Welcome to DTS - Microsoft Internet Explorer provided by USAF

Logged In As: [MARSHALLE LORENZO](#) Screen ID: 1023.1 [Close Window](#)
 Traveler Name: [MARSHALLE LORENZO](#) Document Type: Authorization [Help for this screen](#)

 **Defense Travel System**
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Dependent Search

All routing, accounting, and reimbursement is made to the sponsor. Please select a dependent from the list below or use the second section to create a new entry. Note that only one entry may be created outside of the permanent profile.

Choose a Dependent:

Select	Dependent Name	Relationship	DOB	Passport ID	Exp. Date
<input type="radio"/>	Lorenzo, Angela	Spouse	08/03/1978	Not Provided	Not Provided

Create Dependent:

Select	Dependent Name	Relationship	DOB	Passport ID	Exp. Date
<input type="button" value="Create"/>	Last: <input type="text"/> First: <input type="text"/> Middle: <input type="text"/>	Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>

Save to Permanent Profile

- The new dependent will be added to the top section.
- Select the radio button next to the dependent's name and click Save and Close to proceed.



Trip Overview

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Please Note: A Red Star (*) indicates a field is required.

A I am leaving from - (Select from list or enter below):

*Starting Point: RES: HILLSBORO * OR Search  Starting locations in profile:
RESIDENCE
DUTY STATION

*Departing On: 09/15/2011 (mm/dd/yyyy)

*Trip Type: E2-ITA FAMILY FULL REIMB *Trip Purpose: Select

Trip Description:
Invitational Order - Yellow Ribbon

Dependent Name: Angela Lorenzo  Birth Date: 08/03/1978

B I will be traveling to my TDY location by - (Select from the list below)

Commercial Air Rail Rental Car Other Time:
 Select

(Claim private vehicle transportation in expense-mileage. Use of government vehicle is non-reimbursable, show this in Expense-Non-Mileage.)

C My TDY location is - (Where I will be working):

*Location 1: Use Location Tools at Right  Location Tools:
Search By:
Location
State/Country - Location
Zip Code
County Lookup

*Arriving On: 09/15/2011 (mm/dd/yyyy)

*Departing On: (mm/dd/yyyy)

D At this location I will need - (Select all that apply from the list below)

Rental Car Lodging

- The dependent's name now appears in the screen where we first started.
- The military member simply completes the authorization process the same way you would for any routine travel.
- It is recommended to type in a Trip Description as shown.