



# Read Only Access Request Form

## Requestor's Information

Last Name, First Name

Email Address

Installation/Activity

DTS Organization

Access Requested

- Army                       Navy                       Air Force     Marine Corps
- All DoD                       Other

Duration Requested (Maximum duration one year)

## Director's information (Must be GS-15, O-6 or equivalent)

Last Name, First Name

Email Address

Title

Business Telephone

## Role

Select the role below that best describes your job function

- Travel auditor
- Disbursing clerk
- CDS System Analyst
- Partner System specialist
- Financial Analyst
- CBA Specialist/Transportation officer
- Debt collections/management
- GAFS DTS Analyst
- Accountant
- Accounting Technician
- Military/Civilian Pay Technician
- Other

## Primary Area of Work

Select the level below that describes your primary job responsibility

- All of DoD\*
- Major Command
- Service or Agency
- Unit Headquarters

Provide a detailed explanation below why access is required outside of primary support area

## Justifications

ROA requests must be substantiated as necessary to accomplish work.

Check all that apply:

- Auditing DTS travel payments
- Clear problem disbursement for accounting
- Researching refunds receivables
- Researching unmatched Disbursements
- Research full line of accounting in DTS
- Reconcile DTS transactions
- Clearing Negative Unliquidated Obligations (NULO)
- Researching travel advances
- Researching DTS debts
- Research Transactions by Others (TBOs)
- Research rejects to certify payments
- Match DTS CBA charges
- Reconciling pay and entitlements

Provide a detailed justification to substantiate ROA is required to perform official government duties:

Requestor Signature

Director Signature