



Department Fact Sheet

**Entity Name:**

Main Address:

City, State and Zip:

Program Administrator/Travel Coordinator Contact

Name:

Telephone Number:

Email Address:

Manager Contact

Name:

Telephone Number:

Email Address:

Accounting/Reports/Reconciliation Contact

Name:

Telephone:

Email:

Domain Names:

(i.e., @dgs.ca.gov; list all if more than one applies.)

Email Domain Name:

Website URL:

Accounting/Billing Description:

(If applicable; i.e., project code (4 numeric) – bill code (5 alphanumeric), chart string, etc.)

Additional Office Locations:

(If applicable; please list complete addresses, attach additional pages, if necessary.)

Other Travel Requirements:

(If applicable, i.e. travel policy, customization, etc.)

Forward completed form to: Kelly Bouchard at kelly.bouchard@dgs.ca.gov and David Fitzpatrick at david.f@travelstore.com