SATOTRAVEL CBA RECONCILIATION START UP SHEET

1. Customer completes ***Part I*** of this form and returns it to SatoTravel
2. Customer must notify credit card vendor to add account(s) to the SatoTravel transmission.

PART I (to be completed by customer)

NAME OF ACCOUNT_____ DATE_____

NAME OF CREDIT CARD VENDOR_____CC TYPE (VI/MC)_____

TRANSACTION ACCOUNT NUMBER (CBA) _____

CONTROL OR BASIC ACCT#_____(account number used by BOA ***Bank of America* /** Citibank / First Chicago / US Bank)

ADVANCE CREDITS _____ (Y / N) DATA FILE REQUIREMENT_____ (Y / N)
DATA FILE DELIVERY (DISKETTE / EMAIL) _____

CUSTOMER CONTACT and ADDRESS PHYSICAL ADDRESS (where reports should be mailed to:)

_____ _____
_____ _____
_____ _____

COMMERCIAL PHONE NUMBER _____
EMAIL _____

ANY ADDITIONAL INFORMATION (such as format needed)
_____
_____
_____

PART II (to be completed by the Account Manager / Regional Operations Manager)

DATE TICKETING BEGAN _____ DK #'s _____ BRANCH# _____

UNDER CONTRACT? (Y OR N)_____ IF Y, NAME OF CONTRACT (EX: GSA / DTR6)
AND CONTRACT #_____

SATOTRAVEL CONTACT_____
PHONE NUMBER_____EMAIL _____

Fax completed form to: CBA Reconciliation 703.358.1651

PART III
FOR CBA USE ONLY
Date Entered in SatoStar_____ Date Entered in CBA Tracking _____
Address Entered in Airborne Libra System _____
Additional Information_____
_____
_____