



California Automated Travel Expense Reimbursement System

Table Submission

The Table Submission form must be signed by an authorized department representative or copied (cc) on the email the form was attached. A form must be submitted with each table update. If you would like to fax the form, the fax number is (916) 324-7265. Note: The calapprover and calprofile tables contain confidential data and must be submitted by hand-delivered diskette/CD, or secure FTP.

Deliver completed forms and diskettes to the following:

State Controller's Office
Attn: CalATERS- E. Conwell
Personnel/Payroll Services Division
300 Capitol Mall, 10th Floor Reception Booth
Sacramento, CA 95814

Email completed forms for FTP files to the following:

calaterstablesub@sco.ca.gov



California Automated Travel Expense Reimbursement System

Table Submission

Department Name: _____

UCM: _____

Table	Record Count (Total number of records submitted)	Delivery Method (Diskette/Email/FTP)	Records Loaded (SCO Only)
calapprover		*Diskette/FTP Only	
calprofile		*Diskette/FTP Only	
calaccount			
calxref			
calobject			
calreceipt			
caldivision			
calbranch			
calunit			

*The calapprover and calprofile tables contain confidential data and must be submitted via diskette or FTP.

Note: In the Comments section list record count by type of update.
(e.g., 6 Calapprover records: 3-D, 2-M, 1-A.)

Comments:

Authorized Department Representative	Date
Title	Phone Number
Email	Fax

Authorized department representative must have a signed Signature Authorization form on file with the Controller's Office.



SCO USE ONLY

Task	Analyst	Completed Date
Records Reviewed		
Records Loaded		
Diskette/Form Returned		