



California Automated Travel Expense Reimbursement System

CalATERS GLOBAL

Table Submission

Table Submission forms must be signed by an authorized department representative. A form must be submitted with each table update. If you would like to fax the form, the fax number is (916) 324-7270. Note: The calapprover and calprofile tables contain confidential data and must be submitted by either a hand-delivered CD or a mailed CD that has been password protected, or by secure FTP.

Mail completed forms and CDs to:

STATE CONTROLLER'S OFFICE
Personnel/Payroll Services Division
PO BOX 942850
Sacramento, California 94250-5878

Attn: CalATERS Global Unit

Deliver completed forms and CDs to:

STATE CONTROLLER'S OFFICE
CalATERS Global Unit
300 Capitol Mall, Room 1001
Sacramento, California 95814

Email completed forms for FTP files to:

calaterstablesub@sco.ca.gov



California Automated Travel Expense Reimbursement System
CalATERS Global
Table Submission

Department Name: _____

UCM: _____

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

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

In the Comments section below list record count by type of update. Example – if your department is sending 6 calapprover records, list as: 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 CalATERS Global Signature Authorization form on file with the State Controller's Office, CalATERS Global Unit.



SCO USE ONLY

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