



NAVY MEDICINE TRAVEL MISSION CRITICALITY ATTESTATION

Section 1: To be completed by traveler:

1. Traveler name(s):
2. TAD Location:
3. Travel Dates:
4. Purpose of trip:
5. Explanation of why purpose cannot be achieved through alternative means such as teleconferencing, videoconferencing, or other real-time communications.

Section 2: For attendance at non-DoD sponsored conferences:

This conference has been approved by SECNAV/OSD and attendance by this traveler is within the scope of the approved conference attendance request.

Signed

Title

Date

Section 3: Mission criticality attestation:

I attest that this travel request is mission critical as defined by ASN(FM&C) Budget Guidance Memorandum BG 13-1D of June 2013. Delaying or not performing this travel would result in the potential failure of the command to accomplish its assigned missions, functions, and tasks. I attest that the purpose cannot be achieved through alternative means such as teleconferencing, videoconferencing, or other real-time communications.

Signed

Title

Date



**COMMANDING OFFICER'S
TRAVEL MISSION CRITICALITY ATTESTATION**

Echelon 4: NMOTC NMPDC NMTSC
 Other

1. Traveler name(s):

2. TAD Location:

3. Travel Dates:

4. Purpose of trip:

5. TOTAL COST,
PER DTS:

6. Additional
comments (optional):

Mission criticality attestation:

I attest that this travel request is mission critical as defined by ASN(FM&C) Budget Guidance Memorandum BG 13-1D of June 2013. Delaying or not performing this travel would result in the potential failure of the command to accomplish its assigned missions, functions, and tasks. I attest that the purpose cannot be achieved through alternative means such as teleconferencing, videoconferencing, or other real-time communications.

Signed

Title

Date