Clear the Form

NAVY MEDICINE
TRAVEL MISSION CRITICALITY ATTESTATION

Parent Command: ☐ NMETC ☐ NMTSC ☐ NMPDC ☐ NMOTC ☐ _____

***Section 1*: To be completed by traveler* (this section only – traveler does not sign this document):**

1. Traveler Name(s): Multiple travelers going to the same location for the same purpose can submit one form for all.

2. TAD Location:

3. Travel Dates: _____ to _____

4. Purpose of Trip:

5. Explanation: Why purpose cannot be achieved through other means such as teleconferencing, videoconferencing, or other real-time communications.

6. Total Estimated Cost: $ _____ Funded by: ☐ Parent Command ☐ Other**:_____

***Specify the organization funding the travel.*

The following sections are for the Echelon III Commander or Echelon IV Commanding Officer signature only, based on the traveler's assigned command as noted at the top of this form. Route the form according to local policy.

***Section 2*: Only if requesting attendance at a non-DoD sponsored conference:**

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

Date	Title	Signature

***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 mission, functions and tasks. I attest that the purpose cannot be achieved through alternative means such as teleconferencing, videoconferencing, or other real-time communications.

Date	Title	Signature – Sign this block *last* to lock the document

** Traveler – Upload signed form to Travel Authorization in DTS as a substantiating record.*

Rev: 24 June 2014