

NAVY MEDICINE TRAVEL APPROVAL FORM

Section 1: Travel Information to be completed by traveler(s)

1. Traveler names(s): _____
2. TAD Location: _____
3. TAD Site/Command: _____
4. Travel Dates: _____ to _____
5. Purpose of trip:
6. Conference? Yes ___ or No ___ Note: SF182 required to pay registration or training fees
7. Directed Event/Conference Lodging? Yes ___ or No _____
8. Rental car required? Yes ___ or No ___
9. Explanation of why purpose cannot be achieved through alternative means such as teleconferencing, videoconferencing, or other real-time communications:
10. Trip Estimate: _____

Section 2: Attestation Statement to be completed by Director or Deputy Director

I attest that 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 purpose cannot be achieved through alternative means such as teleconferencing, videoconferencing, or other real-time communications.

Signed

Title

Date
