

# NML&PDC Routing Sheet



SUBJECT:		DATE INITIATED:	
POC/NUMBER:		DATE DUE:	
DCN:		DIRECTORATE:	

SEQUENCE	SECTION	CODE*	DATE RECEIVED	DATE FORWARD	INITIALS	COMMENTS
	Commanding Officer					
	Executive Officer					
	CMC					

## COMMAND LEVEL

	DFA					
	Award Cord.					
	Legal					
	Admin Section					
	Other:					
	Comptroller					
	OPS/Security					
	CCC					
	Watchbill Coord					

## DIRECTORATE LEVEL

	DIRECTOR					
	DEPT HEAD					
	LCPO					
	LPO					

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**Return to: CMD ADMIN**

\*Codes: A - Action C - Comments CL - Clearance E - Endorsement ED - Edit F - File I - Information P - Process R - Review S - Sign  
F/S - Final Signature N/A - No Action



**NAVY MEDICINE  
TRAVEL MISSION CRITICALITY ATTESTATION**

PARENT COMMAND: NMLPDC OTHER

**Section 1: To be completed by traveler.**

1. Traveler Name:  
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:  
Include conference title, if applicable.

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\*\*: NMLPDC  
*\*\*Specify the organization funding the travel.*

**Section 2: To be completed by traveler. Only if requesting attendance at a non-DoD sponsored Conference.**

Select one of the following:

Conference does require BUMED approval.

Please review the list of conferences that require BUMED approval at: [Navy Medicine Conference Information & Policy Website](#)

Conference does NOT require BUMED approval.

\_\_\_\_\_  
Date Name/Rank Signature

**Section 3: To be completed by designated travel approval authority.**

**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.