

NMLPDC Routing Sheet



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

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

COMMAND LEVEL

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

DIRECTORATE LEVEL

	DIRECTOR					
	DEPT HEAD					

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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: NML&PDC 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:

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**: _____
**Specify the organization funding the travel.

****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.

Conference does NOT require BUMED approval.

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

Date

Name/Rank

Signature

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

Section 3: To be completed by

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: August 2020