



**NAVY MEDICINE
TRAVEL MISSION CRITICALITY ATTESTATION**

PARENT COMMAND: NMPDC 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**: _____
***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.