



Defense Travel System Change Request Form

September 2024

All fields in this form are mandatory. Incomplete forms will not be considered for review. Once completed, the form must be approved and submitted to the DTMO by the author's Service/Agency Representative as confirmation to sponsor the change.

AUTHOR

Name:

Organization:

Phone:

Email:

SERVICE/AGENCY REPRESENTATIVE

Name:

Phone:

Email:

Date S/A Approved:

SELECTION CRITERIA (select at least one option)

Change reduces improper payments

Change reduces travel document amendments

Technical Change Request (e.g., financial interface for a new accounting system)

Audit readiness change (verified by OSD comptroller)

Change is mandated by Law/Regulation/Policy

CHANGE REQUEST TITLE

EXECUTIVE SUMMARY

DESCRIPTION OF CHANGE

REASON FOR PROPOSED CHANGE
