

FY21 CMNT TRAVEL REQUEST FORM

Submit completed request form to cmnt_requests.fct@navy.mil



EMPLOYEE INFORMATION

Employee Name: _____ Date: _____

**If multiple employees, note "Various" in Employee Name field and send list of names seperately.*

Email: _____ Phone: _____

Command: _____ DAWIA Coded: _____ Career Field: _____

BUS/SUP Line: _____ Supervisor Approval: _____

Program Participant: _____

WORKFORCE DEVELOPMENT ACTIVITY INFORMATION

WFD Activity Name: _____

WFD Type: _____ Reason For Travel: _____

Spend Plan ID: _____

WFD Activity Description: _____

I certify that this requirement is on the Command's non-technical training plan and has been identified as a CNMT expenditure.

TRAVEL/TUITION COST BREAKDOWN

Tuition: _____ Lodging: _____ Per Diem: _____

Airfare: _____ Rental Car: _____ Other: _____

Number of Travelers: _____ Cost Per Traveler: _____ Total Travel Cost: _____

**Requests for travel funding without a copy/screen-shot of DTS TRAX system will be returned.*

<https://www.defensetraveldod.mil/Passport/bin/Passport.html?CFID=2455568&TOKEN=1863334#>

TRAVEL INFORMATION

Departing From: _____ Arriving At: _____

Departure Date: _____ Return Date: _____

Leave in junction with travel: _____ If yes, Leave Dates: _____

POC RESPONSIBLE FOR COORDINATING REQUEST

Name: _____ Email: _____ Phone: _____