

CMNT TRAVEL REQUEST FORM

Submit completed request form to NFI_CMNT@us.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.defensetravel.dod.mil/neotrax/index.php#>

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: _____