



**DEFENSE TRAVEL
MANAGEMENT OFFICE**

DTMO CHANGE REQUEST (CR) FORM

Author Name:	Author Phone:
Author Organization:	Author Email:
Service/Agency Representative:	Date Submitted:
Service/Agency Representative Email Address:	Service/Agency Representative Phone:
Selection Criteria (Select at least one option): 1) Change reduces improper payment(s) 2) Change reduces travel document amendment(s) 3) Technical Change Request (e.g., financial interface for a new accounting system) 4) Audit readiness change (verified by OSD comptroller) 5) Change is mandated by Law/Regulation/Policy	
CR Title:	
Executive Summary: (Provide a short summary of the changes requested)	
Description of Change: (Provide a detailed description of the business need driving the change)	
Why the proposed change is necessary based on the category(s) selected above: (Provide a complete statement of the reason for change including rationale and explain how the proposed change will impact users)	
Impact of Non-incorporation: (Describe the possible consequences of not incorporating the change)	