



February 2024

Defense Travel System Change Request 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): <ul style="list-style-type: none"><input type="checkbox"/> Change reduces improper payment(s)<input type="checkbox"/> Change reduces travel document amendment(s)<input type="checkbox"/> Technical Change Request (e.g., financial interface for a new accounting system)<input type="checkbox"/> Audit readiness change (verified by OSD comptroller)<input type="checkbox"/> Change is mandated by Law/Regulation/Policy	
Change Request 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)	