



October 2022 Version 1.0

## Defense Travel System Change Request Form

<b>Author Name:</b>	<b>Author Phone:</b>
<b>Author Organization:</b>	<b>Author Email:</b>
<b>Service/Agency Representative:</b>	<b>Date Submitted:</b>
<b>Service/Agency Representative Email Address:</b>	<b>Service/Agency Representative Phone:</b>
<b>Selection Criteria (Select at least one option):</b> <ul style="list-style-type: none"><li><input type="checkbox"/> <b>Change reduces improper payment(s)</b></li><li><input type="checkbox"/> <b>Change reduces travel document amendment(s)</b></li><li><input type="checkbox"/> <b>Technical Change Request (e.g., financial interface for a new accounting system)</b></li><li><input type="checkbox"/> <b>Audit readiness change (verified by OSD comptroller)</b></li><li><input type="checkbox"/> <b>Change is mandated by Law/Regulation/Policy</b></li></ul>	
<b>Change Request Title:</b>	
<b>Executive Summary: (Provide a short summary of the changes requested)</b>	
<b>Description of Change: (Provide a detailed description of the business need driving the change)</b>	
<b>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)</b>	
<b>Impact of Non-incorporation: (Describe the possible consequences of not incorporating the change)</b>	