

Post-Conference Expense Offset Worksheet

1. Institute/Center (IC): _____
2. Project Officer: _____ Phone No: _____
3. Contracting Officer: _____ Phone No: _____
4. Contact person (if different than PO): _____ Phone No: _____
5. Contract Number: _____
6. Task Order/Work Assignment Number (if applicable): _____
7. Contractor: _____
8. Conference Title: _____
9. Date(s) of Conference: _____
10. Description of the number and type of attendees:
 - a. No. of Federal Attendees _____
 - b. No. of HHS Federal Attendees _____
 - c. No. of Non-HHS Federal Attendees _____
 - i. No. of Non-HHS Federal Attendees charged a registration fee _____
 - ii. Rationale for charging registration fee:

 - iii. No. of Non-HHS Federal Attendees **not** charged a registration fee _____
Rationale for not charging registration fee:

- d. No. of Non-Federal Attendees _____
 - i. No. of Non-Federal Attendees to be charged a registration fee _____
Rationale for charging registration fee:

 - ii. No. of Non-Federal Attendees **not** charged a registration fee _____
Rationale for not charging registration fee:

- e. Total No. of Attendees _____ (lines 10a + 10d)
- f. Total No. of Fee-Paying Attendees _____ (lines 10.c.i + 10 d.i)
- g. Total Registration Fees Collected (Offset): \$ _____

Post-Conference Expense Offset Worksheet

Contract Number: _____

Task Order/Work Assignment Number: _____

Conference Title: _____

	Conference Expense/Registration Information	Actual Dollar Amt.
1.	Direct Labor (specify by labor category)	
2.	Materials	
3.	Reproduction Costs	
4.	Conference Space/Meeting Rooms	
5.	Travel and/or Per Diem (deduct meals that are provided)	
6.	Hotel/Accommodations/Lodging rooms	
7.	Speaker Fees/Honoraria/Stipend	
8.	Audio Visual or other presentation costs	
9.	Transcription or Recording services	
10.	Light Refreshments	
11.	Meals	
12.	Other Direct Costs (list all other expenses and the associated costs for each)	
13.	Indirect Expenses (Fringe, Overhead, G&A)	
14.	Fee (if applicable)	
15.	Total Conference Costs (Sum of lines 1 - 14)	
16.	Per Person Registration Fee	
17.	No. of Fee Paying Attendees	
18.	Total Registration Fees Collected (line 16 x line 17) <i>*Must be less than Total Conference Costs (line 15)</i>	
19.	Conference Costs Minus Registration Fee (line 15 – line 18)	

NIH estimates that it will take 180 minutes to complete this form. This includes time for reviewing the instructions, gathering needed information, and completing the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. If you have comments regarding this burden estimate or any other aspects of the collection of information, including suggestions for reducing this burden, send comments to NIH Project Clearance Office, 6705 Rockledge Drive MSC 7974, Bethesda, MD 20892-7974, Attention: PRA (0990-0115). Do not return the completed form to this address.