**Request and Approval for Conference Attendance at a Non-HHS Conference**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Operating/Staff Division Information** | | | | | | | | | | | | | | | |
| Operating or Staff Division | | | | |  | | | | | | | | | | |
| Office | | | | |  | | | | | | | | | | |
| **Conference Description** | | | | | | | | | | | | | | | |
| Title/Topic | | | | |  | | | | | | | | | | |
| Name of Agency/Organization Hosting the Conference | | | | |  | | | | | | | | | | |
| Purpose for Attending the Conference | | | | |  | | | | | | | | | | |
| Dates to be Held | | | | | From | |  | To | | | | | | |  |
| City | | | | |  | | | | | | | | | | |
| State or Country | | | | |  | | | | | | | | | | |
| **Cost Information** | | | | | | | | | | | | | | | |
| Total Estimated Cost | |  | | | | # of Attendees Requested | | |  | | | Cost Per Attendee: | |  | |
| Reason why so many attendees must attend | |  | | | | | | | | | | | | | |
| If an annual conference, number of attendees from the past conference and reason for any change | |  | | | | | | | | | | | | | |
| **Details on Cost** | | | | | | | | | | | | | | | |
| Registration Fees | | $ | | | | Travel Costs: | | | $ | | | Other | | $ | |
| Explanation of Other Costs | |  | | | | | | | | | | | | | |
| Early Registration Deadline (enter N/A if none): | | | | | | | |  | | | | | | | |
| Conference Website (enter N/A if none): | | | | | | | |  | | | | | | | |
| **Requestor Information** | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | |
| Title | |  | | | | | | | | | | | | | |
| Office | |  | | | | | | | | | | | | | |
| **OPDIV/STAFFDIV Senior Executive Officer or Senior Travel Official Approval** | | | | | | | | | | | | | | | |
| Name / Title | | | |  | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | | |
| Date | | | |  | | | | | | | | | | | |
| **OPDIV/STAFFDIV Approval**  **(If Total Estimated Cost Exceeds $75,000, the OPDIV/STAFFDIV Head Must Sign the Request)** | | | | | | | | | | | | | | | |
| OPDIV/STAFFDIV  Head Signature (or Designee if at or below $75,000) | | | |  | | | | | | | | | | | |
| Date | | | |  | | | | | | | | | | | |
| **Deputy Secretary Approval**  **(Required if Total Estimated Cost Exceeds $75,000)** | | | | | | | | | | | | | | | |
| Concur |  | |  | | | | | | | Non-Concur |  | |  | | |
| Signature | | |  | | | | | | | | | | | | |
| Date | |  | | | | | | | | | | | | | |
| **Secretary Approval**  **(Required if Total Estimated Cost is $475,000 or Greater)** | | | | | | | | | | | | | | | |
| Concur |  | |  | | | | | | | Non-Concur |  | |  | | |
| Signature | | |  | | | | | | | | | | | | |
| Date | |  | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |