

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 <input type="checkbox"/>	Non-Concur <input type="checkbox"/>
Signature	_____
Date	_____
Secretary Approval (Required if Total Estimated Cost is \$475,000 or Greater)	
Concur <input type="checkbox"/>	Non-Concur <input type="checkbox"/>
Signature	_____
Date	_____