

HHS Conference Request for Waiver
Applicable when the Net Expenses are expected to exceed \$475,000

Operating/Staff Division Information			
Operating or Staff Division			
Office			
Conference Description			
Title/Topic			
Purpose of Conference			
Dates To Be Held (DD/MM/YYYY)	From:		To:
Cost Information			
Total Estimated Cost	\$		
Basis of Estimate (Insert a summary description of the total estimated costs and the basis for the estimate)			
Description of Measures Used to Reduce/Minimize Costs (Include a summary of the options considered to reduce the costs (attendees, venue location, number of days, speaker costs, etc.) and the rationale for selecting or not implementing each option.)			
Description of Exceptional Circumstances			
(Insert a description of the exceptional circumstances that exist whereby spending in excess of \$475,000 on this single conference is the most cost-effective option to achieve a compelling purpose and an explanation of the impacts of either not funding the conference or reducing the approved funding amount below \$475,000.)			

Requestor Information	
Name	
Title	
Office	
Signature	
OPDIV/STAFFDIV Approval	
Recommendation (Insert a statement explaining or stating the OPDIV/STAFFDIV Head's recommendation for approval)	
OPDIV/STAFFDIV Head Signature	
Date	
Secretary Approval	
Concur <input type="checkbox"/>	Non-Concur <input type="checkbox"/>
Signature	
Date	