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

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| **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 |  |
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