

HHS Conference Request for Waiver
Applicable when the Net Expenses are expected to exceed \$500,000

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 \$500,000 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 \$500,000.)				

Requestor Information	
Name	
Title	
Office	
Signature	
OPDIV/STAFFDIV Approval	
Recommendation (Insert a statement explaining 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	