



Department of Commerce Conference Checklist

1. Conference Tracking No.		Date	
2. Bureau			
3. Division			
4. Name		5. Email	
6. Phone		7. Alternate POC	
8. Conference Title			
9. Start Date		10. End Date	
11. Frequency			
12. # of Conference Days		13. # of Travel Days	
14. Type of Conference			
15. Location (City/State)			
16. Is this conference listed in your Annual Plan? If no, explain		Yes ___ No ___	
17. Mission Critical	Yes ___ No ___	18. Funds Obligated	Yes ___ No ___
19. Co-Sponsors			
20. Facility Name			
21. Federal Facility - If not a Federal Facility, Explain		Yes No	
22. Conference Website			
23. Purpose/Synopsis (Please be concise and provide details on the purpose and how this conference advanced the mission of the Department.) (if additional space is required, use #36)			

24. Reception(s)/Special Event(s) (List Event & Date(s))		Yes ___ No ___
25. Alcohol Provided - If yes, how will it be funded?		Yes ___ No ___
26. Does this conference require Post Approval?		Yes ___ No ___
If yes, the reason for Post-Approval: Provide Explanation		Cost Variance ___ Optics ___
27. Number of Attendees	Estimated	Actual
Local Commerce Attendees		
Non-local Commerce Attendees (Travel)		
Other Federal Attendees		
Non-Federal Attendees		
Federal Invitational Attendees		
Non-Federal Invitational Attendees		
Total Number of Attendees		
28. Meals & Incidental Expenses (M&IE)		
Full M&IE (Total # of Attendees x M&IE x # Days)		
If Meals Provided		
<i>Minus Breakfast</i>		
<i>Minus Lunch</i>		
<i>Minus Dinner</i>		
<i>Reduced M&IE Total</i>		
<i>(Full - Reduced M&IE)</i> M&IE Total		
29. Attendees Cost	Estimated	Actual
Common Carrier Transportation		
Local Transportation		
Lodging		
Registration Fees		
Miscellaneous Travel Cost		
<i>(Includes M&IE Total)</i> Total Attendees Cost		
30. Other Conference-Related Cost	Estimated	Actual
Meeting Space Rental		
Audio Visual Equipment and Services		
Conference Planner		
Trainer/Instructor/Facilitator		
Printing Design Work		
Other Miscellaneous Cost (List Below)		
1.		
2.		
3.		
4.		
5.		
6.		
Total Other Conference-Related Cost		
Gross Conference Cost		
<i>(Attendees Cost + Other related Conference Cost)</i>		
(Total #35) Total non-DOC Funding		
Net Conference Cost		
<i>(Minus Funding)</i>		
Average Gross Cost per attendee		
Average Net Cost per attendee		
<i>(Minus Travel Cost)</i>		

10. Will all invitational travelers be placed on travel authorizations? If no, explain.			
11. Before issuing travel authorizations, will the Bureau make a determination that the non-Federal travelers will be providing a “direct service” to the Government to the extent that this conference is necessary to accomplish the mission to collaborate with outside organizations? Please provide a statement that attest to this determination and direct service benefit.			
Conference Planning (Hosted or Co-Hosted)			
General Review Section		Yes	No
12. Were alternative conference locations considered? If no, explain.			
13. Was the least costly location selected? If no, explain.			
14. Is conference lodging reserved at select hotels? If no, explain.			
15. Is the conference over the weekend? If yes, please explain the additional cost.			
16. Are there any optics that the Department should be aware of? If yes, have they been vetted through the appropriate offices? Provide Explanation.			
17. Provide the historical data for the past three years. Please include dates, actual cost, number of attendees, and location of the conference.			
Dates:		Dates:	
Actual Cost (incurred by DOC):		Actual Cost (incurred by DOC):	
* # of Attendees:		* # of Attendees:	
Average cost per attendee:		Average cost per attendee:	
Location:		Location:	
* Total number of individuals whose travel expenses or other conference expenses were paid by the Department of Commerce.			
TMD Notes:			

Bureau Reviewer Name	Bureau Reviewer Signature	Date				
TMD Reviewer Name	TMD Reviewer Signature	Date				
TMD Director	TMD Director Signature	Date				
Comments:						
Concur _____ Non-Concur _____						
OFRICT Director	OFRICT Director Signature	Date				
Comments:						
Concur _____ Non-Concur _____						
OGC Reviewer	OGC Reviewer Signature	Date				
Comments:						
Cleared _____ Not Cleared _____ Clearance not required _____						
Deputy CFO or Designee	Deputy CFO or Designee Signature	Date				
Comments:						
Approved _____ Disapproved _____		Threshold: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>>\$200K<\$500K</td><td>≥\$500K</td></tr><tr><td></td><td></td></tr></table>	>\$200K<\$500K	≥\$500K		
>\$200K<\$500K	≥\$500K					
Post Conference Review (30 days post conference/event)						
Notes:						
Final Reviewer Name	Final Reviewer Signature	Date				