



# Department of Commerce Conference Checklist

Date \_\_\_\_\_

Departmental offices and operating units are not to incur any obligations or make expenditures towards any conference expenses until approved. **Were any obligations or expenditures incurred prior to approval?**

<b>1. Conference Tracking No.</b>				<b>2. Frequency</b>			
<b>3. Bureau</b>							
<b>4. Division</b>							
<b>5. Name</b>				<b>6. Email</b>			
<b>7. Phone</b>				<b>8. Alternate POC</b>			
<b>9. Conference Title</b>							
<b>10. Conference Website</b>							
<b>11. Start Date</b>		<b>12. End Date</b>		<b>13. # of Conference Days</b>		<b>14. # of Travel Days</b>	
<b>15. Location City</b>			<b>16. Location State</b>			<b>17. Funds Obligated</b>	
<b>18. Is this the most cost-effective option for the conference?</b> Ensure the compelling purpose is provided in the cover memorandum.							
<b>19. Co-Hosts</b>			<b>20. Facility Name</b>				
<b>21. Is this a Federal Facility?</b> If not, please explain, whether the use of a Federal Facility was considered and why the use of a Federal facility is not viable for this event.							
<b>22. Purpose/Synopsis</b> (Please be concise and provide details on the purpose and how this conference will advance the mission of the Department.) (if additional space is required, use #36)							

Conference Tracking No.

<b>23. Reception(s)/Special Event(s) – If yes, list event &amp; date(s)</b>			
<b>24. Alcohol Provided - If yes, how will it be funded?</b>			
<b>25. Were there any material deviations to the conference?</b>			
If yes, what were the material deviations? <b>Provide Explanation</b>		Cost Variance ___	Optics ___ Other ___
<b>26.</b>	<b>Number of Attendees</b>	<b>Estimated</b>	<b>Actual</b>
	Local Commerce Attendees		
	Non-local Commerce Attendees (Travel)		
	Other-Federal Attendees		
	Non-Federal Attendees		
	Federal Invitational Attendees		
	Non-Federal Invitational Attendees		
	<b>Total Number of Attendees</b>		
<b>27.</b>	<b>Meals &amp; Incidental Expenses (M&amp;IE) _____</b>		
	<b>Full M&amp;IE (Total # of Attendees x M&amp;IE x # Days)</b>		
	<b>If Meals Provided</b>		
	<i>Minus Breakfast</i>		
	<i>Minus Lunch</i>		
	<i>Minus Dinner</i>		
	<i>Reduced M&amp;IE Total</i>		
	<i>(Full - Reduced M&amp;IE) M&amp;IE Total</i>		
<b>28.</b>	<b>Attendees Cost</b>	<b>Estimated</b>	<b>Actual</b>
	Common Carrier Transportation		
	Local Transportation		
	Lodging		
	Registration Fees		
	Miscellaneous Travel Cost		
	<i>(Includes M&amp;IE Total)</i> <b>Total Attendees Cost</b>		
<b>29.</b>	<b>Other Conference-Related Cost</b>	<b>Estimated</b>	<b>Actual</b>
	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.		
	<b>Total Other Conference-Related Cost</b>		
	<b>Gross Conference Cost</b>		
	<i>(Attendees Cost + Other related Conference Cost)</i>		
	<b>(Total #31) Total non-DOC Funding</b>		
	<b>Net Conference Cost</b>		
	<i>(Minus Funding)</i>		
	<b>Average Gross Cost per attendee</b>		
	<b>Average Net Cost per attendee</b>		
	<i>(Minus Travel Cost)</i>		

<b>30. Cost Comments/Miscellaneous Cost Description</b>		
<b>31. Additional Funding</b> (received from outside of the Department)	<b>Estimated</b>	<b>Actual</b>
Grant Funding		
IAA Funding		
Other Funding		
Total non-DOC Funding		
<b>Funding Description</b>		
<b>32. What steps were taken to minimize conference costs per FTR §301-74.1(a), (c); §301-74.3 - 74.5?</b>		
<i>This is an OIG requirement; please complete only when submitting the Actual Cost of the conference.</i>		
<b>33. What procurement method was utilized?</b>		
<b>34. Was the contract awarded on a competitive basis, three sites considered, and the records of each alternative site maintained per FTR §301-74.14?</b>		
<b>35. Was the contract awarded before conference approval?</b>		
<b>36. Additional Comments/Remarks</b>		
<b>General Review Section</b>		
<b>1. Are Bureau Memos, Attestations complete, and included for the Conference threshold? If no, explain.</b>	<b>Yes</b>	<b>No</b>
<b>2. Is expedited approval required? If yes, provide the latest date approval is needed and why.</b>		
<b>3. Is the per diem within allowable limits? If not, is the necessary justification for approval included in the package? Provide an explanation.</b>		
GSA Per-Diem Rates      DOD Per-Diem Rates      State Department Per-Diem Rates		
<b>4. Are meals provided at the conference? If yes, are travelers aware of the M&amp;IE reduction? If no, explain.</b>		
<b>5. Is there a copy of the conference agenda included in the package? If no, explain.</b>		
<b>6. Are there any sponsorships or agreements with other parties? If yes, explain.</b>		
<b>7. Will all invitational travelers be placed on travel authorizations? If no, explain.</b>		
<b>8. Before issuing a travel authorization, will the Bureau decide that non-Federal travelers provide a "direct service" to the Government? Please provide a statement that attests to this determination and direct service benefit.</b>		

General Review Section							Yes	No
9. Were alternative conference locations considered? <b>If no, explain.</b>								
10. Was the least costly location selected? <b>If no, explain.</b>								
11. Is conference lodging reserved at select hotels? <b>If no, explain.</b>								
12. Is the conference over the weekend? <b>If yes, please explain the additional cost.</b>								
13. Are there any optics that the Department should be aware of? If yes, have they been vetted through the appropriate offices? <b>Provide an Explanation.</b>								
14. Provide historical data for the past three years. <b>Note: Actual cost and the total number of individuals whose conference or travel expenses were paid by the Department of Commerce.</b>								
1.	Dates:		Actual Cost:		# of Attendees:		Location:	
2.	Dates:		Actual Cost:		# of Attendees:		Location:	
3.	Dates:		Actual Cost:		# of Attendees:		Location:	
<b>TMD Notes:</b>								

Conference Tracking No.

<b>Bureau Reviewer Name</b>		<b>Bureau Reviewer Signature</b>	<b>Date</b>
<b>TMD Reviewer Name</b>		<b>TMD Reviewer Signature</b>	<b>Date</b>
<b>TMD Director</b>		<b>TMD Director Signature</b>	<b>Date</b>
Comments:			
Concur _____		Non-Concur _____	
<b>OFRICT Director</b>		<b>OFRICT Director Signature</b>	<b>Date</b>
Comments:			
Concur _____		Non-Concur _____	
<b>OGC Reviewer</b>		<b>OGC Reviewer Signature</b>	<b>Date</b>
Comments:			
Cleared _____		Not Cleared _____	
Clearance not required _____			
<b>Deputy CFO or Designee</b>		<b>Deputy CFO or Designee Signature</b>	<b>Date</b>
Comments:			
Approved _____		Disapproved _____	
<b>Post Conference Review/Notes (30 days post-conference/event)</b>			
<b>Final Reviewer Name</b>		<b>Final Reviewer Signature</b>	<b>Date</b>