

### Post-Conference Expense Offset Worksheet

1. Institute/Center (IC): \_\_\_\_\_
2. Project Officer: \_\_\_\_\_ Phone No: \_\_\_\_\_
3. Contracting Officer: \_\_\_\_\_ Phone No: \_\_\_\_\_
4. Contact person (if different than PO): \_\_\_\_\_ Phone No: \_\_\_\_\_
5. Contract Number: \_\_\_\_\_
6. Task Order/Work Assignment Number (if applicable): \_\_\_\_\_
7. Contractor: \_\_\_\_\_
8. Conference Title: \_\_\_\_\_
9. Date(s) of Conference: \_\_\_\_\_
10. Description of the number and type of attendees:
  - a. No. of Federal Attendees \_\_\_\_\_
  - b. No. of HHS Federal Attendees \_\_\_\_\_
  - c. No. of Non-HHS Federal Attendees \_\_\_\_\_
    - i. No. of Non-HHS Federal Attendees charged a registration fee \_\_\_\_\_
    - ii. Rationale for charging registration fee: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
    - iii. No. of Non-HHS Federal Attendees **not** charged a registration fee \_\_\_\_\_  
 Rationale for not charging registration fee: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - d. No. of Non-Federal Attendees \_\_\_\_\_
    - i. No. of Non-Federal Attendees to be charged a registration fee \_\_\_\_\_  
 Rationale for charging registration fee: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
    - ii. No. of Non-Federal Attendees **not** charged a registration fee \_\_\_\_\_  
 Rationale for not charging registration fee: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - e. Total No. of Attendees \_\_\_\_\_ (lines 10a + 10d)
  - f. Total No. of Fee-Paying Attendees \_\_\_\_\_ (lines 10.c.i + 10 d.i)
  - g. Total Registration Fees Collected (Offset): \$ \_\_\_\_\_

## Post-Conference Expense Offset Worksheet

Contract Number: \_\_\_\_\_

Task Order/Work Assignment Number: \_\_\_\_\_

Conference Title: \_\_\_\_\_

	Conference Expense/Registration Information	Actual Dollar Amt.
1.	Direct Labor (specify by labor category)	
2.	Materials	
3.	Reproduction Costs	
4.	Conference Space/Meeting Rooms	
5.	Travel and/or Per Diem (deduct meals that are provided)	
6.	Hotel/Accommodations/Lodging rooms	
7.	Speaker Fees/Honoraria/Stipend	
8.	Audio Visual or other presentation costs	
9.	Transcription or Recording services	
10.	Light Refreshments	
11.	Meals	
12.	Other Direct Costs (list all other expenses and the associated costs for each)	
13.	Indirect Expenses (Fringe, Overhead, G&A)	
14.	Fee (if applicable)	
15.	<b>Total Conference Costs (Sum of lines 1 - 14)</b>	
16.	<b>Per Person Registration Fee</b>	
17.	<b>No. of Fee Paying Attendees</b>	
18.	<b>Total Registration Fees Collected (line 16 x line 17)</b> <i>*Must be less than Total Conference Costs (line 15)</i>	
19.	<b>Conference Costs Minus Registration Fee (line 15 – line 18)</b>	

NIH estimates that it will take 180 minutes to complete this form. This includes time for reviewing the instructions, gathering needed information, and completing the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. If you have comments regarding this burden estimate or any other aspects of the collection of information, including suggestions for reducing this burden, send comments to NIH Project Clearance Office, 6705 Rockledge Drive MSC 7974, Bethesda, MD 20892-7974, Attention: PRA (0990-0115). Do not return the completed form to this address.