Contractor Pre-Conference Expense Offset Worksheet

Contract Number:	
Task Order/Work Assignment Number:	
Conference Title:	

	Estimated Conference Expense/Registration Information	Dollar Estimate
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.	Total Estimated Conference Costs	
	(Sum of lines 1 - 14)	
4.5		
16.	Per Person Registration Fee	
17.	Estimate of Fee Paying Attendees	
40	Federate of Total Deviatorian Free Collected (III 40 II 47)	
18.	Estimate of Total Registration Fees Collected (line 16 x line 17)	
	*Must be less than Total Estimated Conference Costs (line 15)	
40	Februaried Conference Costs Minus Desistantian Fee (live 45)	
19.	Estimated Conference Costs Minus Registration Fee (line 15 –	
	line 18)	

NIH estimates that it will take <u>180</u> 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.