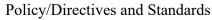
Policy/Directives and Standards

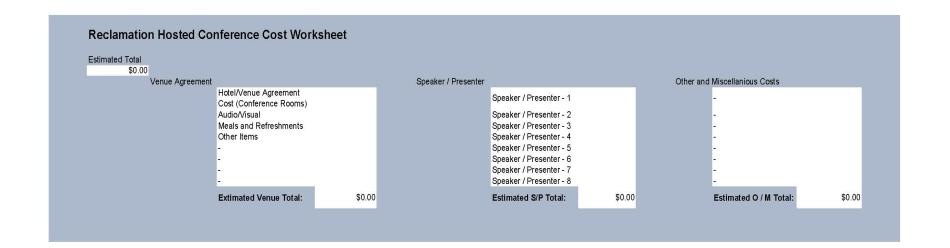
Document Title: Conference Name Host/Sponsor: Conference Start I Conference End D Conference Locat	Date: Date:								Conferenc	e Cost Es	timate Sh	eet									
Reclamation Organization (Dropdown List)	Employee Name	Position	Employee's Duty Station (City, State)	(Dropdown List)			Per Diem Rate (Lodging <i>I</i> M&IE)	Cost for Conference (Registeration Fee) (\$0.00)	Training Cost (\$0.00)	Estimated Lodging (\$) (Calculated) (\$0.00)	Estimated M&IE (\$) (Calculated) (\$0.00)	Rental Car (\$0.00)	POV to and From Airport (\$0.00)	Airfare (\$0.00)	Other Mode of Transportation (\$0.00)		ldentify Miscelanious Cost	Cost for Trave (Calculated: Sui Column Q : X) (\$0.00)	n (Calculated:	Source of Funding (Appropriations, Reimbursable, Other)	Comments / Cost Difference Justification
1	2	3	4	5	6		8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
					0	0	0/0			\$0.00	\$0.00							\$0.0	0 \$0.00		
							0/0			\$0.00 \$0.00	\$0.00 \$0.00							\$0.0 \$0.0	0 \$0.00		
					Ō	0	0/0			\$0.00	\$0.00							\$0.0	0 \$0.00		
					0	0	0/0 0/0			\$0.00 \$0.00	\$0.00 \$0.00							\$0.0 \$0.0	0 \$0.00		
					0	0	0/0			\$0.00	\$0.00							\$0.0	0 \$0.00		
					0	0	0/0			\$0.00	\$0.00							\$0.0	0 \$0.00		
					0	0	0/0			00.00 \$0.00	\$0.00 \$0.00							\$0.0 \$0.0	0 \$0.00		
					0	0	0/0			\$0.00	\$0.00							\$0.0	0 \$0.00		
					Ő	Ű	0/0			\$0.00	\$0.00							\$0.0	0 \$0.00		
		_			0	0	0/0			\$0.00	\$0.00							\$0.0	0 \$0.00		
					0	0	0/0			00.00 \$0.00	\$0.00 \$0.00							\$0.0 \$0.0	0 \$0.00 0 \$0.00		
					0	0	0/0			\$0.00	\$0.00							\$0.0	0.00\$		
					0	0	0/0			\$0.00	\$0.00							\$0.0	0 \$0.00		
					0	0	0/0 0/0			\$0.00 \$0.00	\$0.00 \$0.00							\$0.0 \$0.0	0 \$0.00		
					0	0	0/0			\$0.00	\$0.00	-						\$0.0	0 \$0.00		
					0	0	0/0			\$0.00	\$0.00							\$0.6	0 \$0.00		
					0	0	0/0 0/0			\$0.00	\$0.00				l			\$0.0 \$0.0	0 \$0.00 0 \$0.00		
					0	0	0/0			\$0.00 \$0.00	\$0.00 \$0.00							\$0.0	0 \$0.00		
	I					0		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.0	0 \$0.00		
								Hire Rooms for Official Business	Advertising	Set-Up/Other	Light Refreshments	Preparatio n / Planning	Registration Fees	Sponsors hip	Other (Exhibitor Booth Rental)	Total Event Overhead		Total Event Cos			
							[\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.0	0 Trave		
																		\$0.0			
																		\$0.0	E vent Overhead		



Policy/Directives and Standards

		Enter M&IE		Enter Day Rate		
Enter M&IE		Breakdown		Calculation	# of Days Total Rate C	Calcuation by # of Days
\$0.00 Travel Day	\$0.00	Breakfast	\$0.00	Day 1	1	\$0.00
Travel Day with Breakfast	\$0.00	Lunch	\$0.00	Day 2	2	\$0.00
Travel Day with Lunch	\$0.00	Dinner	\$0.00	Day 3	3	\$0.00
Travel Day with Breakfast & Lunch	\$0.00	M&IE	\$0.00	Day 4	4	\$0.00
Travel Day with Breakfast, Lunch, & Dinner	\$0.00		\$0.00	Day 5	5	\$0.00
				Day 6	6	\$0.00
Full Day	\$0.00			Day 7	7	\$0.00
Full Day with Breakfast	\$0.00			Day 8	8	\$0.00
Full Day with Breakfast & Lunch	\$0.00			Day 9	9	\$0.00
Full Day with Breakfast, Lunch & Dinner	\$0.00			Day 10	10	\$0.00
				Day 11	0	
Full Day with Lunch	\$0.00			\$0.00		
Full Day with Dinner	\$0.00			*Enter M&IE for each day as		
				appropriate considering meals		
Full Day with Dinner	\$0.00			provided as a part of the registration		
				fee.		





Policy/Directives and Standards

Attendee List and Cost Estimate Instructions												
Below are	e the instruction on comple Section	eting the fields in the Annual Plan. Instructions for Filling Out the Section										
1	Reclamation Organization (Dropdown List)	Enter the name of the DOI Bureau and/or Reclamation organization name of the attendee. A dropdown menu is provided for selection.										
2	Employee Name	Enter the first and last name of the attendee.										
3	Position Title	Enter the position title of the attendee.										
4	Employee's Duty Station (City, State)	Enter the city and state of the official duty station for the attendee.										
5	Conference Role (Dropdown List)	Select the conference role of the attendee from the dropdown menu provided.										
6	No. Nights for Lodging	Enter the number of nights lodging will be provided to the attendee during the conference.										
7	No. Days for M&IE	Enter the number of days the attendee will be on travel status to attend the conference.										
8	Per Diem Rate (Lodging/M&IE)	Enter the lodging rate is GSA Per Diem Rate for travel according to the city and state where the conference will be held.										
9	Cost for Conference (Registration Fee)	Enter the cost of registration fee to attend the conference. This cost does not include training offered at additional cost or other events that require additional costs.										
10	Training Cost (\$0.00)	Enter the additional fee (cost) of training that is being held concurrent to the conference. Fees for training is not calculated in the total cost for conference attendance. Refer to (D&S Training) for information about training and required approvals and documentation.										
11	Estimated Lodging (\$) (Calculated) (\$0.00)	This is a calculated cell for the estimated total of lodging. It is the cost of the Per Diem Rate (Lodging) in section 16, times the No. of Nights of Lodging in section 14.										
12	**Estimated M&IE (\$) (Calculated) (\$0.00)	This is a calculated cell for the estimated total of M&IE. It is the cost of the Per Diem Rate (M&IE) in section 17, times the No. of Days for M&IE in section 15.										
13	Rental Car (\$0.00)	Enter the estimated total rental car expense, including rental car fuel.										
14	POV to and From Airport (\$0.00)	Enter the milage calculation the attendee duty station to the airport at the departing city. Refer to (guidance on milage calculation).										
15	Airfare (\$0.00)	Enter the flight expense to include the concur fees.										
16	Other Mode of Transportation (\$0.00)	Enter the expense of the other modes of transportation if the attendee is not utilizing air travel (e.g., privately owned vehicle (POV), government vehicle (GOV), train, bus, etc.)										
17	Miscellaneous Cost (\$0.00)	Enter expenses not listed on the Annual Plan (e.g., taxi, tip, shuttle, baggage fee, airport parking, etc.,)										
18	Identify Miscellaneous Cost	Enter the miscellaneous cost indicated in Section 27.										
19	(Calculated: Sum Column Q : X)	This is calculated cell totaling the amount for travel cost. The sum of Section 21 - 27.										
20	Costs (Calculated: Column P +	This is a calculated cell totaling the amount of the conference attendance to include conference fees. The sum of Section 18 and 29.										
21	Source of Funding Reclamation Hosted Conferences ONLY	Enter the source of funding used to fund the conference attendance. A dropdown menu is provided for selection.										
22	Comments / Cost Difference Justification	Enter any comments specific to the attendee related to conference attendance. In addition, enter justification of difference in coast between the estimated conference cost to the actual conference cost.										