

Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI)

Routing and Transmittal Slip

Date: 3/24/14

TO:				Initials		Date	
1. Insert Name of Program Office Director							
2. Robin I. Kawazoe, Deputy Director, DPCPSI, OD - 1/260							
3. James M. Anderson, MD, PhD, Director, DPCPSI, OD - 1/260							
4. Insert Name of Administrative Officer							
5. Leah I. Stroud, Chief Administrative Office, OD/EO - 2/4W01							
6. LaVerne Stringfield, Associate Director for Management, OD/EO - 2/4E04							
7. Insert Name of Administrative Officer							
	Action		File		Note and Return		
x	Approval		For Clearance		Per Conversation		
	As Requested		For Correction		Prepare Reply		
	Circulate		For Your Information		See Me		
	Comment		Investigate		Signature		
	Coordination		Justify		For your use		

REMARKS:

Attached is a request for approval for a conference/meeting entitled _____ to be held by the Office of _____ on _____ <insert date(s)>.

Please review and forward for DPCPSI and Executive Office approval. Thank you.

Attachments / OASR Checklist

- HHS Conference Grant or Conference Grant Request and Approval (formerly Attachment A) form
- Agenda (draft)
- Conference details & NBS Acquisition Doc Numbering to confirm funding availability for contract use (must complete the statement below)
(All conference expenses will be paid using FY _____ funds billed directly to the CAN _____ if approved and pending the availability of funds). Contract Details are attached _____ (check or mark N/A). If contract is not included, please indicate that the obligation is pending conference approval or provide another explanation: _____
- NIH -827-1 Request for Acquisition of Temporary Commercial Conference Space

Name: Requester's Name Title:	Building/Room: Telephone:
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Please keep this routing slip to one page or reduce font size if needed – Thank you!