

## **SUBSISTENCE EXTENSION REQUEST**

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### INSTRUCTIONS

1. Complete the requested information below.
  2. Submit the form to the Director of Accounts and Reports at least two weeks prior to the beginning date of the extension to allow adequate request processing time.
  3. Attach the approved original copy of the request to the first payment voucher submitted for payment of subsistence expenses during the extension period.
  4. Attach a photocopy of the approved request with each additional voucher submitted for payment.
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(Please Type or Print)

Agency Name: \_\_\_\_\_

Agency Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Official Station: \_\_\_\_\_ Domicile: \_\_\_\_\_

Assigned Duty Station: \_\_\_\_\_

Period of Request:     Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Reason for the Requested Extension: \_\_\_\_\_

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<p>SECRETARY OF ADMINISTRATION APPROVAL:</p>       <p>_____ Secretary of Administration                      _____ Date</p>	<p>AGENCY APPROVAL:</p>       <p>_____ Agency Head or Designee                      _____ Date</p>
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