

SUBSISTENCE EXTENSION REQUEST

INSTRUCTIONS

1. Complete the requested information below.
 2. Submit the form to the Office of the State Comptroller, Audit and Assurance at least two weeks prior to the beginning date of the extension to allow adequate processing time.
 3. A copy of the approved form must be maintained with the documentation for each SMART Expense Report.
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(Please Type or Print)

Agency Name: _____

Business Unit: _____

Employee Name: _____ Job Title: _____

Official Station: _____ Domicile: _____

Assigned Duty Station: _____

Period of Request: Beginning Date: _____ Ending Date: _____

Reason for the Requested Extension: _____

<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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K.A.R. 1-16-2a(d) and K.A.R. 1-16-3 provide for extended subsistence expense payments to the employee when deemed necessary by the agency head, with approval of the Secretary of Administration.

Refer to Division of Accounts & Reports Employee Travel Expense Reimbursement Handbook Section 4303.on Subsistence Reimbursement in Special Travel Situations