

REQUEST FOR REDUCED SUBSISTENCE ALLOWANCE

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 event to allow adequate request 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: _____
Purpose of Travel: _____

Note: Reduced rates should be stated in multiples of a half-dollar (\$0.50). Enter \$0.00 on the appropriate line if no meal allowance or lodging expense will be paid.

Reduced Meal Allowance Rate: \$ _____

Reduced Daily Lodging Limitation: \$ _____

Explanation for Reduced Rates: _____

<p>SECRETARY OF ADMINISTRATION APPROVAL:</p> <p>_____ Secretary of Administration</p> <p>_____ Date</p>	<p>AGENCY APPROVAL:</p> <p>_____ Agency Head or Designee</p> <p>_____ Date</p>
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K.A.R. 1-16-15 provides for an agency to pay a reduced subsistence amount with approval of the Secretary of Administration.

Refer to Division of Accounts & Reports Employee Travel Expense Reimbursement Handbook Section 4302 on Reimbursement at a Reduced Subsistence Allowance.