**SUBSISTENCE EXTENSION REQUEST**

INSTRUCTIONS

1. Complete the requested information below.
2. Submit the form to the Office of Accounts and Reports, Audit Services Team ARPreaudit@ks.gov 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 Travel Expense Report or with agency payroll documentation, as appropriate.

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Domicile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Extension Request Number: 🞏 1 or 🞏 2 Period of Request: \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

Total Estimated Subsistence Cost for Period of Extension: $\_\_\_\_\_\_\_\_\_\_

Subsistence Funding-

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fund: \_\_\_\_\_\_ Budget Unit: \_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_

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

AGENCY APPROVAL:

Agency Head or Designee Date

Agency Head or Designee Date

SECRETARY OF ADMINISTRATION APPROVAL:

Secretary of Administration Date

Secretary of Administration Date

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 the Office of Accounts and Reports Employee Travel Expense Reimbursement Handbook Section 4303 on Subsistence Reimbursement in Special Travel Situations

Form submission and questions – ARPreaudit@ks.gov