State of Kansas

Department of Administration

Office of Accounts and Reports

DA-37 (Rev. 10-2019)

**REDUCED SUBSISTENCE ALLOWANCE**

INSTRUCTIONS

1. Complete the requested information below.
2. Obtain agency head or designee approval signature and date in advance of the beginning date of the travel event.
3. Provide notification to the employee of the reduced subsistence rate in advance of the beginning date of the travel event.
4. For audit trail purposes, 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.

(Please Type or Print)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agency Name: |  |  | | |  | |  | |  | | |
| Business Unit: | |  | | |  | |  | |  | | |
| Employee Name: | | |  | | | Job Title: | | | |  | | |
| Purpose of Travel: | | | |  | |  | |  | | |
|  | | | |  | |  | |  | | |
|  | | | |  | |  | |  | | |

Note: Enter $0.00 on the appropriate line if no Meals and Incidental Expense (M&IE) or lodging expense will be paid.

|  |  |  |
| --- | --- | --- |
| Reduced M&IE Rate: | $ |  |

|  |  |  |
| --- | --- | --- |
| Reduced Daily Lodging Limitation: | $ |  |

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| --- | --- |
| Explanation for Reduced Rates: |  |
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AGENCY APPROVAL:

Agency Head or Designee Date

K.A.R. 1-16-15 provides for an agency to pay a reduced subsistence amount with approval of the agency head or designee.

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