

Request for Reduced Subsistence Allowance
(DA-37)

(Please Type Or Print)

Agency Name _____

Agency Address _____

Employee Name _____ Job Title _____

Travel to _____

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 Quarter Day Meal Allowance Rate \$ _____

Reduced Maximum Daily Lodging Limitation \$ _____

Explanation for Reduced Rates _____

Secretary of Administration Approval:

Agency Approval:

Secretary of Admin.

Date

Agency Head/
Designee

Date