|  |  |  |  |
| --- | --- | --- | --- |
| **Authority Definitions:**  At least one person must be designated for each of these approval types:  **50%**-Authority to Approve Lodging up to 50% Above Established Rates  **CONF**-Authorized to Approve Lodging at Conference Rates  **OOS**-Authorized to Approve Out-of-State Travel  **MIL**-Authorized to Approve Mileage Rates | | For each approver, please designate if their authorization will occur within SMART workflow, outside of SMART workflow, or both:  **SMRT**-Authorized to Approve Travel Exceptions in SMART  **OSMT**-Authorized to Approve Travel Exceptions Outside of SMART | |
| **Name** | **Position** | **Approval Type-Circle All That Apply** | |
|  | Agency Head | 50% CONF OOS MIL | SMRT OSMT |
|  | Chief Financial Officer | 50% CONF OOS MIL | SMRT OSMT |
|  | SMART Security Liaison | 50% CONF OOS MIL | SMRT OSMT |
|  |  | 50% CONF OOS MIL | SMRT OSMT |
|  |  | 50% CONF OOS MIL | SMRT OSMT |
|  |  | 50% CONF OOS MIL | SMRT OSMT |
|  |  | 50% CONF OOS MIL | SMRT OSMT |
|  |  | 50% CONF OOS MIL | SMRT OSMT |
|  |  | 50% CONF OOS MIL | SMRT OSMT |
|  |  | 50% CONF OOS MIL | SMRT OSMT |
|  |  | 50% CONF OOS MIL | SMRT OSMT |

Lodging up to 50% Above Established Rates-KSA 75-3207a(f)(1); Conference Lodging Rates-KSA 75-3207a(f)(2); Out-of-State Travel-KSA 75-3208(d); Mileage Rates KAR 1-18-1a

Approved Out-of-State Travel Locations/Areas (attach additional sheet, if necessary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

­­­­­­­­­­­­­

I certify that the above-named individuals are authorized to perform duties of noted positions of this agency.

Approved:

Agency Head Signature Date