State of Kansas Department of Administration Office of Accounts and Reports DA-29 (Rev. 10-2023)

Request to Pay Expenses of Out-of-State Applicants

TO:	Secretary of Administration 1000 SW Jackson, Suite 500		Date:	
	Topeka, Kansas 66612-1300			
FROM:				
	(Agency)		(Department or Di	ivision)
	(Complete Mailing Address)			
	(Agency Contact Name)		(Email Address and/or Phone N	umber)
	Approval is hereby requested to reimburse the travel and subsistence expenses of the following out-of-state applicants to attend an interview for a vacant agency position, subject to limitations provided by law. (Governor's approval per Policy 3,802 and K.S.A. 75-3218)			
	applicants, if selected for emplo	syment, for a vac	g expenses of the following-named out-of- cant agency position, subject to limitations nor approval per Policy 3,607 and K.S.A.	s as provided
	(Applicant)		(City, State)	
	(Applicant)		(City, State)	
	(Applicant)		(City, State)	
n to be vaca pssess the te qualified you post t at methods at websites mated Trav	ant, are substantially unavailab requisite professional, technical applicants within the State of I the position?	le within the Stal or unusual quantum (ansas: How long did his position?	ate of Kansas; and that the person(s) ualifications. This agency has taken the you post the position?	listed above ap ne following action
Respec	etfully submitted,			
Adminis	strative Head of Agency/Depar	tment		
APPRO	OVED:		APPROVED:	
Govern	or	(Date)		(Date)