

TEMPORARY DUTY AUTHORIZATION (TDA-1)
The School Board of Broward County, Florida

Applicant: _____ **Personnel Number** _____ **Date** _____

Position _____ **School/Department** _____

The applicant requests temporary duty assignment for the following period:

Depart on: _____, **20** ____; **Return on** _____, **20** ____; **Total work days requested** _____
 (This excludes week-ends and holidays)

I. PURPOSE OF TRIP: (Complete A or B and C)

A. Conference/Convention of (Name of Sponsor):
Meeting in (City and State):
B. Other School Board business (specify)
Meeting in (City and State):
C. Briefly describe benefits accruing to School Board:

II. ESTIMATED TRAVEL EXPENSE:

<u>TRANSPORTATION:</u> Airplane (If ticket is to be charged to the School Board, enter travel agency name here): _____ Rental Car: Private Car Mileage (_____ miles x _____ cents per mile): *Current rate as published in the most recent memorandum from the Treasurer's Office. Taxi, limousine, tolls, etc.:	\$
<u>PER DIEM:</u> Current rate (as published in the most recent memorandum from the Treasurer's Office) x _____ days requested or	
<u>HOTEL:</u> (\$ _____ per day x _____ days requested)	
<u>MEALS:</u> Current rate (as published in the most recent memorandum from the Treasurer's Office)	
<u>MISCELLANEOUS:</u> Registration: Other: (specify)	
TOTAL ESTIMATED EXPENSES:	\$
TRAVEL ADVANCE REQUEST (explain):	\$

III. TRAVEL EXPENSES WILL BE CHARGED AS FOLLOWS:

Name of Cost Center being charged _____
 Internal Account Fund being charged, if applicable _____

IS A SUBSTITUTE REQUIRED DURING ABSENCE?	NO	YES
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IV. AUTHORIZATION (For signature requirements see School Board Policy 4007):

Applicant: _____	Date: _____
Principal/Department Head: _____	Date: _____
Chief Operating Officer/Associate/Assistant/Area/Deputy Superintendent: _____	Date: _____
Additional Approval: _____	Date: _____