

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

Exhibit 1

Applicant: Dr. Rosalind Osgood

Date 6/10/19

Personnel Number 95300 **School/Department** Board Office

Position: Board member

The applicant requests temporary duty assignment for the following period:

Depart on: 7/24, 2019 ; **Return on** 7/28, 2019 **Total work days requested** 0.0
****INCLUDE ALL TRAVEL DAYS****

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

A. Conference/Convention of (Name of Sponsor):	Local Progress National Convening 2019
Meeting in (City and State):	Detroit, MI
B. Other School Board business (specify):	
Meeting in (City and State):	
C. Briefly describe benefits accruing to School Board:	peer learning, strategy and leadership development

II. ESTIMATED TRAVEL EXPENSE: **IF SUBMITTING TRAVEL VOUCHER SECTION II MUST BE FILLED IN**

ALL RECEIPTS MUST SHOW BREAKDOWN OF CHARGES (DAILY RATES, TAXES, ETC.)

TRANSPORTATION:	
Airplane (If ticket is to be charged to the School Board, enter travel agency name here): <u>Delta Airline</u>	\$ 236.60
Rental Car <i>review State of FL Vehicle Rentals Contract - RENTAL MUST BE MOST ECONOMICAL</i>	
Private Car Mileage (<u>0.00</u> miles x <u>0.58</u> cents per mile): Rate effective 1/1/19 <i>*Current rate as published in the annual memorandum from the Treasurer's Office.*</i>	\$ -
Taxi, limousine, tolls, etc. (<i>paid receipts must be imprinted with company logo</i>) <i>(cannot accept copies, credit card or bank statements)</i>	
PER DIEM: Lodging & Meals - *Current rate as published in the annual memorandum from the Treasurer's Office* _____ x _____ days requested	
OR	
HOTEL: \$ <u>131.00</u> per day x <u>4</u> days requested	\$ 524.00
MEALS: <i>*Current rate as published in the annual memorandum from the Treasurer's Office*</i>	\$ 156.00
MISCELLANEOUS:	
Registration: PER POLICY 4208 - INDIVIDUAL MEMBERSHIPS ARE NOT REIMBURSABLE	\$ 60.00
Other: (specify) _____	
TOTAL ESTIMATED EXPENSES:	\$ 976.60
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: <u>Rosalind Osgood</u>	Date: <u>6/11/19</u>
Principal/Department Head: _____	Date: _____
Chief Operating Officer/Associate/Assistant/Area/Deputy Superintendent: <u>Robert R. R...</u>	Date: <u>6.10.19</u>
Additional Approval: _____	Date: _____