

TEMPORARY DUTY AUTHORIZATION (TDA-1)

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

EXHIBIT #1

Applicant: LAURIE RICH LEVINSON Personnel Number: 00090686 Date 8/26/2019
 Position: BOARD MEMBER School Department BOARD OFFICE

The applicant requests temporary duty assignment for the following period:

Depart on: 10/23, 20 19; Return on: 10/26/19, 20 19; Total work days requested 4
 (This excludes week-ends and holidays)

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

A. Conference/Convention of (Name of Sponsor):	THE COUNCIL OF THE GREAT CITY SCHOOLS FALL Conference (CGCS)
Meeting in (City and State):	LOUISVILLE, KENTUCKY
B. Other School Board Business (specify)	
Meeting in (City and State):	
C. Briefly describe benefits accruing to School Board:	On Board of Directors of The Council of the Great City Schools

II. ESTIMATED TRAVEL EXPENSE:

Transporation:	
Airplane (If ticket is to be charged to the School Board, enter travel Agency name here): <u>ESTIMATED \$425</u>	425.00
Rental Car	_____
Private Car Mileage <u> </u> X <u>0.565</u>	0.00
*Current rate as published in the most recent memorandum from the Treasurer's Office.	
Taxi, limousine, tolls, etc.:	50.00
PER DIEM: Current rate (as published in the most recent memorandum from the Treasurer's Office) X _____	0.00
or	
HOTEL: (\$ <u>248.39</u> per day X <u>3</u>)	745.17
MEALS: Current rate (as published in the most recent memorandum from the Treasurer's Office)	_____
MISCELLANEOUS:	
Registration <u>REGISTRATION N/A</u>	
Other: (specify) _____	
TRAVEL ADVANCE REQUEST (explain):	\$ <u>1220.17</u>

III. TRAVEL EXPENSES WILL BE CHARGED AS FOLLOWS:

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

IS A SUBSTITUTE REQUIRED DURING ABSENCE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
---	------------------------------	-----------------------------

IV. AUTHORIZATION (For signature requirements see School Board Policy 4007)

Applicant: Laurie Rich Levinson Date: 8/27/19
 Principal/Department Head: _____ Date: _____
 Chief Operating Officer/Associate/Assistant/Area/Deputy Superintendent: [Signature] Date: 8/27/19
 Additional Approval: _____ Date: _____