

# TEMPORARY DUTY AUTHORIZATION (TDA-1)

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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: 1/21, 20 20; Return on: 1/23, 20 20; Total work days requested 3  
 (This excludes week-ends and holidays)

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

A. Conference/Convention of (Name of Sponsor):	RALLY TO TALLY
Meeting in (City and State):	TALLAHASSEE, FLORIDA
B. Other School Board Business (specify):	
Meeting in (City and State):	
C. Briefly describe benefits accruing to School Board:	With students/legislators in Tallahassee

**II. ESTIMATED TRAVEL EXPENSE:**

<b>Transporation:</b>	
Airplane (If ticket is to be charged to the School Board, enter travel Agency name here): <u>ESTIMATED \$375.</u>	375.00
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.:	0.00
<b>PER DIEM:</b>	
Current rate (as published in the most recent memorandum from the Treasurer's Office) X <u>      </u>	0.00
or	
<b>HOTEL:</b> (\$ <u>271.95</u> per day X <u>2</u> )	543.90
<b>MEALS:</b> Current rate (as published in the most recent memorandum from the Treasurer's Office)	_____
<b>MISCELLANEOUS:</b>	
Registration <u>REGISTRATION N/A</u>	
Other: (specify) _____	
<b>TRAVEL ADVANCE REQUEST (explain):</b>	\$ <u>918.90</u>

**III. TRAVEL EXPENSES WILL BE CHARGED AS FOLLOWS:**

Name of Center being charged \_\_\_\_\_

Internal Account Fund being charged, if applicable \_\_\_\_\_

<b>IS A SUBSTITUTE REQUIRED DURING ABSENCE?</b>	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: *Robert D. Hucie* Date: 8/27/19

Additional Approval: \_\_\_\_\_ Date: \_\_\_\_\_