

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

Exhibit 1

Applicant: Heather P. Brinkworth

Date 9/4/19

Personnel Number P00007619

School/Department School Board Members Office

Position: _____

The applicant requests temporary duty assignment for the following period:

Depart on: 10/22, 20 19 ; Return on 10/23, 20 19 Total work days requested 2.0

INCLUDE ALL TRAVEL DAYS

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):	Lobby legislators for funding
Meeting in (City and State):	
C. Briefly describe benefits accruing to School Board:	to support proposed Aviation Program at Atlantic Tech. Ctr.

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):	\$ 414.00
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>)	\$ 50.00
<i>(cannot accept copies, credit card or bank statements)</i>	
PER DIEM: Lodging & Meals - <i>*Current rate as published in the annual memorandum from the Treasurer's Office*</i>	
Treasurer's Office* _____ x _____ days requested	
OR	
HOTEL: \$ <u>169.00</u> per day x <u>1</u> days requested	\$ 169.00
MEALS: <i>*Current rate as published in the annual memorandum from the Treasurer's Office*</i>	
MISCELLANEOUS:	
Registration: PER POLICY 4208 - INDIVIDUAL MEMBERSHIPS ARE NOT REIMBURSABLE	
Other: (specify) _____	
TOTAL ESTIMATED EXPENSES:	\$ 633.00
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>Heather P. Brinkworth</u>	Date: _____
Principal/Department Head: _____	Date: _____
Chief Operating Officer/Associate/Assistant/Asst. Deputy Superintendent: _____	Date: _____
Additional Approval: _____	Date: _____