

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

Exhibit 1

Applicant: Patricia Good

Date 8/6/19

Personnel Number 90687 School/Department Board Office

Position: School Board Member

The applicant requests temporary duty assignment for the following period:

Depart on: 1/21, 2020; Return on 1/23, 2020 Total work days requested 3.0  
**\*\*INCLUDE ALL TRAVEL DAYS\*\***

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

A. Conference/Convention of (Name of Sponsor):	Rally to Tally (1/21-1/23)
Meeting in (City and State):	Tallahassee, FL
B. Other School Board business (specify):	Broward Days (1/21-1/22)
Meeting in (City and State):	Tallahassee, FL
C. Briefly describe benefits accruing to School Board:	

**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.)**

<b>TRANSPORTATION:</b>	
Airplane (If ticket is to be charged to the School Board, enter travel agency name here):	
Rental Car <i>review State of FL Vehicle Rentals Contract - RENTAL MUST BE MOST ECONOMICAL</i>	
Private Car Mileage ( <u>934.60</u> miles x <u>0.58</u> cents per mile): Rate effective <u>1/1/19</u>	\$ 542.07
*Current rate as published in the annual memorandum from the Treasurer's Office.*	
Taxi, limousine, tolls, etc. ( <i>paid receipts must be imprinted with company logo</i> )	
(cannot accept copies, credit card or bank statements)	
PER DIEM: Lodging & Meals - *Current rate as published in the annual memorandum from the Treasurer's Office* _____ x _____ days requested	
<b>OR</b>	
HOTEL: \$ <u>259.00</u> per day x <u>2</u> days requested	\$ 518.00
MEALS: *Current rate as published in the annual memorandum from the Treasurer's Office*	
<b>MISCELLANEOUS:</b>	
Registration: <b>PER POLICY 4208 - INDIVIDUAL MEMBERSHIPS ARE NOT REIMBURSABLE</b>	
Other: (specify) _____	
TOTAL ESTIMATED EXPENSES:	\$ 1,060.07
TRAVEL ADVANCE REQUEST (explain):	

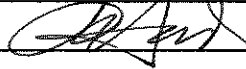
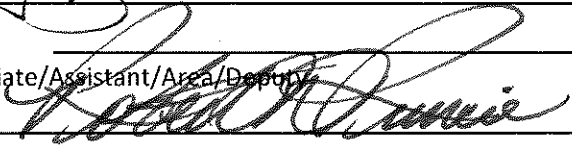
**III. TRAVEL EXPENSES WILL BE CHARGED AS FOLLOWS:**

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: <u>9/13/19</u>
Additional Approval: _____	Date: _____