# TEMPORARY DUTY AUTHORIZATION (TDA-1)

**Exhibit 1**

**The School Board of Broward County, Florida**

**Applicant:** Nora Rupert **Date** 9/24/19

**Personnel Number** P00053364 **School/Department** Board Office / 9501

**Position:** **School Board Member**

**The applicant requests temporary duty assignment for the following period**

**Depart on:** 12/2 , 20 19 ; **Return on** 12/6 , 20 19 **Total work days requested** 5.0

****INCLUDE ALL TRAVEL DAYS****

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

| | |
|---|---|
| A. Conference/Convention of (Name of Sponsor): | Florida School Boards Association 74th Annual Joint Conference |
| Meeting in (City and State): | Tampa, Florida |
| B. Other School Board business (specify): | |
| Meeting in (City and State): | |
| C. Briefly describe benefits accruing to School Board: | Legislative Advocacy |

**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): | |
| Rental Car ***review State of FL Vehicle Rentals Contract - RENTAL MUST BE MOST ECONOMICAL*** | $ 156.49 |
| Private Car Mileage ( 0.00 miles x 0.58 cents per mile): **Rate effective 1/1/19** | $ - |
| ***Current rate as published in the annual memorandum from the Treasurer's Office.*** | |
| Taxi, limousine, tolls, etc. (***paid receipts must be imprinted with company logo***) | |
| **(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 | |
| **OR** | |
| HOTEL: $ 183.00 per day x 4 days requested | $ 732.00 |
| MEALS: ***Current rate as published in the annual memorandum from the Treasurer's Office*** | |
| MISCELLANEOUS: | |
| Registration: ***PER POLICY 4208 - INDIVIDUAL MEMBERSHIPS ARE NOT REIMBURSABLE*** | $ 325.00 |
| Other: (specify) _____ | |
| TOTAL ESTIMATED EXPENSES: | $ 1,213.49 |
| 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**

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

| | |
|---|---|
| Applicant: Nora Rupert | Date: 9-24-19 |
| Principal/Department Head: | Date: |
| Chief Operating Officer/Associate/Assistant/Area/Deputy Superintendent: | Date: 9-26-19 |
| Additional Approval: | Date: |

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