

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

**Exhibit 1**

**Applicant:** Lori Alhadeff

**Date** 10/14/19

**Personnel Number** P000121662 **School/Department** Office of the Board Members

**Position:** SCHOOL BOARD MEMBER, DISTRICT 4

**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** 3.0  
**\*\*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, Florida
B. Other School Board business (specify):	Broward Days (1/21 - 1/22)
Meeting in (City and State):	Tallahassee, Florida
C. Briefly describe benefits accruing to School Board:	Attend Legislative Meetings in Capitol

**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):	\$ 356.30
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): <b>Rate effective 1/1/19</b>	\$ -
<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> ) (cannot accept copies, credit card or bank statements)	\$ 70.00
<b>PER DIEM:</b> Lodging & Meals - <i>*Current rate as published in the annual memorandum from the Treasurer's Office*</i> _____ x _____ days requested	
<b>OR</b>	
<b>HOTEL:</b> \$ <u>259.00</u> per day x <u>2</u> days requested	\$ 518.00
<b>MEALS:</b> <i>*Current rate as published in the annual memorandum from the Treasurer's Office*</i>	\$ 117.00
<b>MISCELLANEOUS:</b>	
Registration: <b>PER POLICY 4208 - INDIVIDUAL MEMBERSHIPS ARE NOT REIMBURSABLE</b>	
Other: (specify) _____	
<b>TOTAL ESTIMATED EXPENSES:</b>	\$ 1,061.30
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:** Lori Alhadeff

**Date:** 10/15/19

**Principal/Department Head:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Chief Operating Officer/Associate/Assistant Area Deputy** \_\_\_\_\_

**Superintendent:** [Signature]

**Date:** 10-15-19

**Additional Approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_