

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

Exhibit 1

Applicant: Dr. Rosalind Osgood

Date 9/24/19

Personnel Number 95300 School/Department Board Office

Position: Board Member

The applicant requests temporary duty assignment for the following period:

Depart on: 1/20, 2020; Return on 1/25, 2020 Total work days requested 0.0
****INCLUDE ALL TRAVEL DAYS****

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

A. Conference/Convention of (Name of Sponsor):	Rally to Tally & Broward Days 2020
Meeting in (City and State):	Tallahassee, FL
B. Other School Board business (specify):	State of Black Florida Legislative Summit
Meeting in (City and State):	Tallahassee, FL
C. Briefly describe benefits accruing to School Board:	lobbying efforts on behalf of BCPS

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): <u>Delta</u>	\$ 397.00
Rental Car <u>review State of FL Vehicle Rentals Contract - RENTAL MUST BE MOST ECONOMICAL</u>	
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>) (cannot accept copies, credit card or bank statements)	
PER DIEM: Lodging & Meals - <i>*Current rate as published in the annual memorandum from the Treasurer's Office*</i> _____ x _____ days requested	
OR	
HOTEL: \$ <u>205.00</u> per day x <u>5</u> days requested	\$ 1,025.00
MEALS: <i>*Current rate as published in the annual memorandum from the Treasurer's Office*</i>	\$ 137.00
MISCELLANEOUS:	
Registration: PER POLICY 4208 - INDIVIDUAL MEMBERSHIPS ARE NOT REIMBURSABLE	\$ 95.00
Other: (specify) _____	
TOTAL ESTIMATED EXPENSES:	\$ 1,654.00
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><i>Rosalind Osgood</i></u>	Date: <u>9/24/19</u>
Principal/Department Head: _____	Date: _____
Chief Operating Officer/Associate/Assistant/Area/Deputy Superintendent: <u><i>[Signature]</i></u>	Date: _____
Additional Approval: _____	Date: _____