

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

Exhibit 1

Applicant: Heather P. Brinkworth

Date 10/14/19

Personnel Number P00007619

School/Department Board Members 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
Meeting in (City and State):	Tallahassee
B. Other School Board business (specify):	
Meeting in (City and State):	
C. Briefly describe benefits accruing to School Board:	accompany students as they visit the Legislature

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 approximate here):	\$ 500.00
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 *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	
OR	
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*	
MISCELLANEOUS:	
Registration: PER POLICY 4208 - INDIVIDUAL MEMBERSHIPS ARE NOT REIMBURSABLE	
Other: (specify) _____	
TOTAL ESTIMATED EXPENSES:	\$ 1,018.00
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: <u>10-14-19</u>
Principal/Department Head: _____	Date: _____
Chief Operating Officer/Associate/Assistant/Area Deputy	
Superintendent: <u>[Signature]</u>	Date: <u>10-14-19</u>
Additional Approval: _____	Date: _____