

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

**Exhibit 1**

**Applicant:** Patricia Good

**Date** 11/6/19

**Personnel Number** 90687 **School/Department** Board Office

**Position:** School Board Member

The applicant requests temporary duty assignment for the following period:

**Depart on:** 12/3, 2019 ; **Return on** 12/6, 2019 **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):	Florida School Board Association - 74th Annual Joint Conference
Meeting in (City and State):	Tampa Bay, FL
B. Other School Board business (specify):	
Meeting in (City and State):	
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>530.20</u> miles x <u>0.58</u> cents per mile): Rate effective 1/1/19	\$ 307.52
*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)	
<b>PER DIEM:</b> Lodging & Meals - *Current rate as published in the annual memorandum from the Treasurer's Office* x _____ days requested	
<b>OR</b>	
<b>HOTEL:</b> \$ <u>123.00</u> per day x <u>3</u> days requested	\$ 369.00
<b>MEALS:</b> *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>	\$ 465.00
Other: (specify) _____	
<b>TOTAL ESTIMATED EXPENSES:</b>	\$ 1,141.52
<b>TRAVEL ADVANCE REQUEST (explain):</b>	

**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></u>	Date: _____
Principal/Department Head: _____	Date: _____
Chief Operating Officer/Associate/Assistant/Area/Deputy Superintendent: <u></u>	Date: <u>11-6-19</u>
Additional Approval: _____	Date: _____