

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

Exhibit 1

Applicant: Ann Murray

Date 12/20/19

Personnel Number 4427

School/Department Office of the School Board Members

Position: Board Member

The applicant requests temporary duty assignment for the following period

Depart on: 3/20, 2020; **Return on** 3/24, 2020 **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):	Council of Great City Schools Annual Legislative/Policy Conference
Meeting in (City and State):	Washington, D.C.
B. Other School Board business (specify):	
Meeting in (City and State):	
C. Briefly describe benefits accruing to School Board:	official school board business

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):	\$ 198.00
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	\$ -
<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>)	\$ 42.00
<i>(cannot accept copies, credit card or bank statements)</i>	
PER DIEM: Lodging & Meals - *Current rate as published in the annual memorandum from the Treasurer's Office* x <u> </u> days requested	
OR	
HOTEL: \$ <u>253.00</u> per day x <u>4</u> days requested	\$ 1,012.00
MEALS: <i>*Current rate as published in the annual memorandum from the Treasurer's Office*</i>	
MISCELLANEOUS:	
Registration: PER POLICY 4208 - INDIVIDUAL MEMBERSHIPS ARE NOT REIMBURSABLE	\$ 425.00
Other: (specify) _____	
TOTAL ESTIMATED EXPENSES:	\$ 1,677.00
TRAVEL ADVANCE REQUEST (explain): _____	

III. TRAVEL EXPENSES WILL BE CHARGED AS FOLLOWS:

Name of Cost Center being charged Office of the School Board Members

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>Ann Murray</u>	Date: <u>1/12/20</u>
Principal/Department Head: _____	Date: _____
Chief Operating Officer/Associate/Assistant/Area/Deputy Superintendent: <u>[Signature]</u>	Date: <u>1/21/2020</u>
Additional Approval: _____	Date: _____