

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

Exhibit 1

Applicant: Laurie Rich Levinson

Date 1/28/20

Personnel Number 90686

School/Department Board Office

Position: Board Member

The applicant requests temporary duty assignment for the following period:

Depart on: Sunday, 3/1, 20 20; Return on Wednesday, 3/4, 20 20 Total work days requested 4.0
****INCLUDE ALL TRAVEL DAYS****

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

A. Conference/Convention of (Name of Sponsor):	Greater Fort Lauderdale Alliance Leadership Trip
Meeting in (City and State):	Chartlotte, North Carolina
B. Other School Board business (specify):	
Meeting in (City and State):	
C. Briefly describe benefits accruing to School Board:	School Board Representative - Greater Fort Lauderdale Alliance

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>Estimated Air Outbound \$275 + Return \$183.35</u>	\$ 458.35
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>) (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> <u> </u> x <u> </u> days requested	
OR	
HOTEL: \$ <u>199.67</u> per day x <u>3</u> days requested	\$ 599.00
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	
Other: (specify) <u>Tour 42.00 Program Book 12.50</u>	\$ 54.50
TOTAL ESTIMATED EXPENSES:	\$ 1,111.85
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>Laurie Rich Levinson</u>	Date: <u>1/28/2020</u>
Principal/Department Head: _____	Date: _____
Chief Operating Officer/Associate/Assistant/Area/Deputy Superintendent: <u>[Signature]</u>	Date: <u>1/28/20</u>
Additional Approval: _____	Date: _____