

SCHOOL BOARD OF BROWARD COUNTY, FL
INTERNAL FUNDS ACCOUNTING

STANDARD PRACTICE BULLETIN

I - 315

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TRAVEL

TOPICS IN BULLETIN:

- I. GENERAL INFORMATION**
- II. TRAVEL FORMS**
- III. TRAVEL CLASS CRITERIA AND FORMS**
- IV. TRAVELING WITH STUDENTS**

EXHIBITS REFERENCED:

- 1 Temporary Duty Authorization (TDA-1)**
- 2 Travel Voucher**
- 3 Trip Report**
- 4 Class "C" Travel Meals Voucher**
- 5 Expense Voucher**
- 6 Consultant Agreement**
- 7 Telephone Quotation Sheet**
- 8 Cash Disbursement Form**
- 9 Request for Travel Expense Advance and
Travel Expenses Reimbursement Request**

I. GENERAL INFORMATION

- A.** There are restrictions on individual employee travel to conferences, conventions and professional meetings. All travel shall be governed by School Board Policy 3400 "Per Diem and Travel Expenses for Board Members, Board Employees and Other Authorized Individuals", School Board Policy 3401 "Professional Travel Funds-Internal Accounts", and Chapter 7 of the Financial and Program Cost Accounting and Reporting for Florida Schools (Red Book).
- B.** Chapter 7 of the Red Book states "Curricular-related travel; professional, technical or consultant services; or other items for which school board funds are available **SHALL NOT** be made through internal funds."
- C.** When staff members are traveling and the travel is deemed professional in nature as opposed to traveling in the company of children, travel advances and/or payment directly to a vendor may be made only in exceptional cases and upon specific approval of the Principal.

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II. TRAVEL FORMS

A. Temporary Duty Authorization (TDA-1) (Exhibit 1)

Form must be completed and presented for approval to the appropriate administrator for all travel when an employee is on temporary duty. At the school level, the Principal's signature is required for approval. **ALL** Principal's travel is required to have Area Superintendent's approval.

B. Travel Voucher (Exhibit 2)

Travel Voucher Form is completed after travel is completed, for reimbursement of Class A and Class B expenses.

C. Trip Report (Exhibit 3)

The Trip Report Form is completed after travel is completed with a summary explanation of the nature of the trip.

D. Class "C" Travel Meals Voucher (Exhibit 4)

This voucher is completed after travel is completed when there is no overnight stay. The form initiates reimbursement of Class C meals only. Class C meals are paid through the payroll system rather than a vendor check.

E. Expense Voucher (Exhibit 5)

The Expense Voucher is completed after travel is completed by an individual who is **NOT** an employee.

F. Consultant Agreement (Exhibit 6)

The Consultant Agreement is to be completed **BEFORE** the travel takes place for reimbursement of an individual who is **NOT** an employee.

G. Telephone Quotation Sheet (Exhibit 7)

The quotation sheet must be used to record the information obtained from at least (3) airlines when finding the most economically priced airline ticket(s).

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III. TRAVEL CLASS CRITERIA AND FORMS

- A. CLASS A TRAVEL (travel for 24 hours or more)**
 - 1. TDA-1
 - 2. Travel Voucher
 - 3. Trip Report
 - 4. Telephone Quotation Sheet (if applicable)

- B. CLASS B TRAVEL (Less than 24 hours, overnight stay)**
 - 1. TDA-1
 - 2. Travel Voucher
 - 3. Trip Report
 - 4. Telephone Quotation Sheet (if applicable)

- C. CLASS C TRAVEL (Day trip, no overnight stay, travel begins before 6:00 a.m. or extends beyond 8:00 p.m.)**
 - 1. TDA-1
 - 2. Class C Meal Voucher
 - 3. Trip Report
 - 4. Telephone Quotation Sheet (if applicable)

- D. NON-EMPLOYEE TRAVEL REIMBURSEMENT**
 - 1. Expense Voucher
 - 2. Consultant/Trainer Agreement

Additional information can be found in Business Practice Bulletin A-435 " Travel Reimbursement Procedure."

IV. TRAVELING WITH STUDENTS

- A.** All rules and guidelines (School Board Policies 3400, 3401 and 6303) pertaining to travel and Field Trips such as trip authorization, parent permission slips, and number of chaperones required, etc. must be followed when it is necessary to travel with students for activities such as state athletic playoff events; competitions and performances. In addition, staff members traveling for

IV. TRAVELING WITH STUDENTS (Continued)

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INTERNAL FUNDS ACCOUNTING

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the activities with the students will complete the form required for the particular class of travel taking place.

B. For example:

School A's tennis teams (boys and girls) are eligible to participate in state tennis playoffs. Due to the number of students and chaperones traveling, it is decided to hire a coach bus. The following paperwork is required:

1. Trip Authorization Form
2. Parent Permission Slips
3. Completed Bus Quotation Form
4. Cash Disbursement Form (to account for disbursement of funds to students for meals, **MUST** meet Class C meal travel requirements)
See Exhibit 8

NOTE: Often schools will want to pay for the student's meals as opposed to issuing the money directly to the students. In this scenario, ALL receipts must be returned to the School Bookkeeper and the total paid CANNOT exceed the Class C meal amount per student.

5. Request for Expense Advance Travel
Reimbursement Request (IF a travel advance is needed). See Exhibit 9
6. Trip Report
7. Hotel accommodations invoice

Once the travel has been completed, using the Request for Expense Advance Travel Reimbursement Request, hotel receipt (if bill paid by cash) and the Cash Disbursement Form, the School Bookkeeper will clear the internal advance account by writing a check from the appropriate internal fund account and then receipting the check to the Internal Advance.

TEMPORARY DUTY AUTHORIZATION (TDA-1)

The School Board of Broward County, Florida

Applicant: _____ Personnel Number _____ Date _____

Position _____ School/Department _____

The applicant requests temporary duty assignment for the following period:

Depart on: _____, 20____; Return on _____, 20____; Total work days requested _____
(This excludes week-ends and holidays)**I. PURPOSE OF TRIP: (Complete A or B and C)**

A. Conference/Convention of (Name of Sponsor):
Meeting in (City and State):
B. Other School Board business (specify)
Meeting in (City and State):
C. Briefly describe benefits accruing to School Board:

II. ESTIMATED TRAVEL EXPENSE:

TRANSPORTATION:	
Airplane (If ticket is to be charged to the School Board, enter travel agency name here): _____	\$ _____
Rental Car:	
Private Car Mileage (_____ miles x _____ cents per mile):	
*Current rate as published in the most recent memorandum from the Treasurer's Office.	
Taxi, limousine, tolls, etc.:	
PER DIEM: Current rate (as published in the most recent memorandum from the Treasurer's Office) x _____ days requested	
or	
HOTEL: (\$ _____ per day x _____ days requested)	
MEALS: Current rate (as published in the most recent memorandum from the Treasurer's Office)	
MISCELLANEOUS:	
Registration:	
Other: (specify)	
TOTAL ESTIMATED EXPENSES:	\$ _____
TRAVEL ADVANCE REQUEST (explain):	\$ _____

III. TRAVEL EXPENSES WILL BE CHARGED AS FOLLOWS:

Name of Center being charged _____

Internal Account Fund being charged, if applicable _____

Center Element			
Location	T	U	Activity

IS A SUBSTITUTE REQUIRED DURING ABSENCE?**NO****YES****IV. AUTHORIZATION (For signature requirements see School Board Policy 4007):**

Applicant: _____	Date: _____
Principal/Department Head: _____	Date: _____
Chief Operating Officer/Associate/Assistant/Area/Deputy Superintendent: _____	Date: _____
Additional Approval: _____	Date: _____

TRAVEL VOUCHER
The School Board of Broward County, Florida

**VENDOR
NUMBER**

Name: _____ Personnel Number: _____
School/Department _____ Loc. No _____ Date _____

I. ITINERARY:

Travel Dates	Departure Time	Arrival Time	Destination From/To	Days
Total Days Used to Compute Per Diem				

II. TRANSPORTATION: (check items that apply)

AIRPLANE _____ RENTAL CAR _____ PRIVATE CAR _____ OTHER _____
If ticket is purchased through travel agent and charged to the School Board, enter agent's name and amount. (ticket stub must be attached) Name of Travel Agent: _____

III. REIMBURSEMENT REQUESTED:**TRANSPORTATION:**

Common Carrier (attach ticket stub).....
Rental Car (attach rental contract).....
Private Car Mileage (_____ miles x _____ cents per mile).....
*Current rate as published in the most recent memorandum from the Treasurer's Office.
Tolls, parking and storage (attach receipts).....
Taxi, limousine, etc. (attach receipts).....

PER DIEM:

Current rate (as published in the most recent memorandum from the Treasurer's Office)
x _____ days (as computed in I above).....

or

Hotel (attach receipt).....

Meals Current rate (as published in the most recent memorandum from the Treasurer's Office).....

MISCELLANEOUS:

Registration (attach receipt and program).....
Telephone, telegraph (attach receipt and statement).....
Other (attach explanation).....

LESS TRAVEL ADVANCES:

TOTAL REIMBURSEMENT REQUESTED

Attach applicable original receipts, a Trip Report & TDA-1 to support this request for reimbursement.

IV. AUTHORIZATION:

I hereby certify that the above claim is true and conforms with the requirements of School Board Policy 3400.

Approval _____

Principal/Department Head

Signature of requesting person

V. EXPENDITURE INFORMATION:

Check Request No.	Gross Amount	Account Element						Center Element			
		Fund	Cl	Function	Object	Ph	SO	Location	T	U	Activity

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

TRIP REPORT

NAME _____ POSITION _____

The following is a summary of my trip to _____
City & State

for _____
Convention/Seminar, Etc.

Date(s)

Summary of Day's Events

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. On the left side, there are several short vertical segments, possibly from a binder or staple. A small, dark smudge or mark is visible near the center of the page, and another smaller one is located towards the bottom right. The overall appearance is that of a clean, unused piece of stationery.

If more space is required, attach additional Trip Report Forms.

Signature

TELEPHONE QUOTATION SHEET

THIS FORM MUST BE ATTACHED TO CHECK REQUEST OR REQUISITION



School/Dept: _____

Contact Person: _____

Telephone #: _____

ITEM QUANTITY

DESCRIPTION

UNIT PRICE TOTAL COST

1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

BIDDERS

COMPANY NAME

COMPANY NAME

COMPANY NAME

TAXPAYER ID#:

TAXPAYER ID#:

TAXPAYER ID#:

M/WBE ☐M/WBE ☐M/WBE ☐

CONTACT PERSON	_____	_____	_____
ADDRESS	_____	_____	_____
CITY, STATE, ZIP	_____	_____	_____
WATTS/TELEPHONE #	_____	_____	_____
DATE/TIME	_____	_____	_____
#1 - COST	_____	_____	_____
#2 - COST	_____	_____	_____
#3 - COST	_____	_____	_____
#4 - COST	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____

DELIVERY DATE: _____

REMARKS: _____

Minority/Women Business Enterprise vendors were contacted as indicated, or no M/WBE vendors were identified:

Signature _____

Vendor Awarded To _____

CLASS "C" TRAVEL MEALS VOUCHER

The School Board of Broward County, Florida

NAME _____

DATE _____

PERSONNEL NO. _____

TRANS (RA-007)

SCHOOL/DEPARTMENT _____

LOC. NO. _____

CLASS "C" TRAVEL MEALS VOUCHER is to reimburse meals only for travel which does not include an overnight stay. This reimbursement request must be supported by a Trip Report & TDA-1 and sent to Accounts Payable.

I. ITINERARY:

Travel Dates	Departure Time	Arrival Time	Destination [*] From/To

II. REIMBURSEMENT REQUEST:

BREAKFAST _____ @ * _____ = \$ _____
LUNCH _____ @ * _____ = \$ _____
DINNER _____ @ * _____ = \$ _____
<p>*Current rate as published in the most recent memorandum from the Treasurer's Office.</p> <p>TOTAL = \$ _____</p>

III. AUTHORIZATION:

I hereby certify that the above claim is true and conforms with the requirements of School Board Policy 3400.

Approval _____
Principal/Department Head_____
Signature of requesting person**IV. PAYROLL DISTRIBUTION: Retro Active Pay Adjustment RA-007**

Fund	Function	Location	T	U	Activity	Job Class	Earn Type	Gross Amount	Pay End Date	Adj	Job
						060000	MLC				

EXPENSE VOUCHER (Non-county personnel)
 The School Board of Broward County, Florida

 VENDOR
 NUMBER

Date _____

Name _____

Social Security Number: _____

Address: _____

I. PURPOSE OF TRIP: (COMPLETE APPLICABLE SECTIONS AND SEND TO ACCOUNTING.)

II. TRANSPORTATION:

Private Car Mileage (_____ miles x _____ cents per mile)*	\$
<input type="checkbox"/> Place/Common Carrier (attach ticket stub)	
<input type="checkbox"/> Rental Car (attach rental contract)	
<input type="checkbox"/> Taxi <input type="checkbox"/> Limousine <input type="checkbox"/> Parking (attach receipts)	
<input type="checkbox"/> Food (Class C Only)	
<input type="checkbox"/> Hotel (Class C Only)	

*Current rate as published in the most recent memorandum from the Treasurer's Office.

III. PER DIEM:

Computed by quarters: _____ days x _____* *Current rate as published in the most recent memorandum from the Treasurer's Office. Departed from Home _____ A.M. _____ P.M. _____, 20 ____ Returned to Home _____ A.M. _____ P.M. _____, 20 ____	
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Total Of Sections II, III = Total Of Expense Voucher	\$
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IV. AUTHORIZATION:

I hereby certify that the above claim is just and true in all respects, that it conforms with the requirements of School Board Policy, and that payment therefore has not been received.	
Approval _____ Principal/Department Head	_____ Signature of requesting person

V. EXPENDITURE INFORMATION:

Check Request No.	Gross Amount	Account Element					Center Element				
		Fund	CI	Function	Object	PH	SO	Location	T	U	Activity

CONSULTANT AGREEMENT

I, _____, have been requested to serve as CONSULTANT/TRAINER for the School Board of Broward County, Florida on _____

Date(s)

Time

for _____ day(s) to perform the following services:

PROJECT/PROGRAM TITLE: _____

COMPONENT TITLE: _____

☐ Develop New Program ☐ Deliver Program ☐ Evaluate Program ☐ Special Project

I understand that this agreement may be terminated if there is insufficient enrollment/attendance in the course assigned.

Business Event Type	Business Event #	Signature of Consultant/Trainer	Date

A PRIVATE/NON-BROWARD COUNTY CONSULTANT /TRAINER

My DAILY FEE is \$ _____.

My HONORARIUM total amount is \$ _____. My estimated expenses are \$ _____.

Upon completion of these services, I will forward the necessary INVOICE and TRAVEL INVOICE and receipts (airline, hotel, airport parking, etc.) to verify actual expenditures.

Signature of Consultant/Trainer

Social Security Number/EIN

Home Telephone

MAILING ADDRESS:

REQUESTING ADMINISTRATOR _____ Position/Title _____

Department/School/Center _____ Telephone _____ Date _____

Request for CONSULTANT/TRAINER services is hereby approved in accordance with existing School Board policies.

Signature of Principal/Administrator

Date

Signature of Area Superintendent/Deputy Superintendent/Associate Superintendent

Date

Signature of Superintendent

Date

EXPENSES WILL BE CHARGE AS FOLLOWS:

Consulting	ACCOUNT ELEMENT				CENTER ELEMENT			
	FUND	CL	FUNCTION	OBJECT	LOCATION	T	U	ACTIVITY
				3 1 6				
Travel	ACCOUNT ELEMENT				CENTER ELEMENT			
	FUND	CL	FUNCTION	OBJECT	LOCATION	T	U	ACTIVITY
				3 3 5				

*Refer to School Board Policy 3400 for limitations of travel expenses.
Form 2007 (Rev 6/02)

Broward County Public Schools

I, the undersigned, indicate by my signature below that I have received the amount of money listed.

SUMMARY

$$\begin{array}{r} \$ \\ - \$ \\ = \$ \end{array}$$

Date: _____

Date: _____

**SCHOOL BOARD OF BROWARD COUNTY, FL
INTERNAL FUNDS REQUEST FOR TRAVEL EXPENSE ADVANCE
AND TRAVEL EXPENSES REIMBURSEMENT REQUEST**

DATE: _____ EMPLOYEE: _____

respectfully request approval of an Advance of funds in the amount of

\$ _____, to be used to cover Travel expenses for _____
Type of Activity

in _____ I will be accompanying
City State

Number Students.

TRAVEL DATA

ESTIMATED

Time of Departure DATE _____ TIME _____
Time of Return DATE _____ TIME _____

We will be traveling by _____
Type of Transportation

Signature of Requester

STATEMENT OF EXPENSES (To be completed AFTER travel)

TRAVEL DATA

ACTUAL

Time of Departure DATE _____ TIME _____
Time of Return DATE _____ TIME _____

STUDENT EXPENSES:

1. Lodging \$ _____
2. Meals \$ _____
3. Other (Explain) _____ \$ _____

CHAPERONE EXPENSES:

1. Lodging \$ _____
2. Meals \$ _____
3. Other (Explain) _____ \$ _____
_____ \$ _____

I certify these expenses were actually incurred by me as necessary traveling expenses in the performance of official duties and is true and correct to the best of my knowledge.

Signature of Employee Requester

Approved _____

Signature of Principal

TEMPORARY DUTY AUTHORIZATION (TDA-1)

The School Board of Broward County, Florida

Applicant: _____ Personnel Number _____ Date _____

Position _____ School/Department _____

The applicant requests temporary duty assignment for the following period:

Depart on: _____, 20____; Return on _____, 20____; Total work days requested _____
(This excludes week-ends and holidays)**I. PURPOSE OF TRIP: (Complete A or B and C)**

A. Conference/Convention of (Name of Sponsor):
Meeting in (City and State):
B. Other School Board business (specify)
Meeting in (City and State):
C. Briefly describe benefits accruing to School Board:

II. ESTIMATED TRAVEL EXPENSE:

TRANSPORTATION:	
Airplane (If ticket is to be charged to the School Board, enter travel agency name here): _____	\$
Rental Car:	
Private Car Mileage (_____ miles x _____ cents per mile):	
*Current rate as published in the most recent memorandum from the Treasurer's Office.	
Taxi, limousine, tolls, etc.:	
PER DIEM: Current rate (as published in the most recent memorandum from the Treasurer's Office) x _____ days requested	
or	
HOTEL: (\$ _____ per day x _____ days requested)	
MEALS: Current rate (as published in the most recent memorandum from the Treasurer's Office)	
MISCELLANEOUS:	
Registration:	
Other: (specify)	
TOTAL ESTIMATED EXPENSES:	\$
TRAVEL ADVANCE REQUEST (explain):	\$

III. TRAVEL EXPENSES WILL BE CHARGED AS FOLLOWS:

Name of Center being charged _____

Internal Account Fund being charged, if applicable _____

Center Element			
Location	T	U	Activity

IS A SUBSTITUTE REQUIRED DURING ABSENCE?**NO****YES****IV. AUTHORIZATION (For signature requirements see School Board Policy 4007):**

Applicant: _____	Date: _____
Principal/Department Head: _____	Date: _____
Chief Operating Officer/Associate/Assistant/Area/Deputy Superintendent: _____	Date: _____
Additional Approval: _____	Date: _____

TRAVEL VOUCHER
The School Board of Broward County, Florida

**VENDOR
NUMBER**

Name: _____ Personnel Number: _____
School/Department _____ Loc. No _____ Date _____

I. ITINERARY:

Travel Dates	Departure Time	Arrival Time	Destination From/To	Days
Total Days Used to Compute Per Diem				

II. TRANSPORTATION: (check items that apply)

AIRPLANE _____ RENTAL CAR _____ PRIVATE CAR _____ OTHER _____
If ticket is purchased through travel agent and charged to the School Board, enter agent's name and amount. (ticket stub must be attached) Name of Travel Agent: _____

III. REIMBURSEMENT REQUESTED:**TRANSPORTATION:**

Common Carrier (attach ticket stub).....
Rental Car (attach rental contract).....
Private Car Mileage (_____ miles x _____ cents per mile).....
*Current rate as published in the most recent memorandum from the Treasurer's Office.
Tolls, parking and storage (attach receipts).....
Taxi, limousine, etc. (attach receipts).....

PER DIEM:

Current rate (as published in the most recent memorandum from the Treasurer's Office)
x _____ days (as computed in I above).....

or

Hotel (attach receipt).....

Meals Current rate (as published in the most recent memorandum from the Treasurer's Office).....

MISCELLANEOUS:

Registration (attach receipt and program).....
Telephone, telegraph (attach receipt and statement).....
Other (attach explanation).....

LESS TRAVEL ADVANCES:

TOTAL REIMBURSEMENT REQUESTED

Attach applicable original receipts, a Trip Report & TDA-1 to support this request for reimbursement.

IV. AUTHORIZATION:

I hereby certify that the above claim is true and conforms with the requirements of School Board Policy 3400.

Approval _____

Principal/Department Head

Signature of requesting person

V. EXPENDITURE INFORMATION:

Check Request No.	Gross Amount	Account Element						Center Element			
		Fund	Cl	Function	Object	Ph	SO	Location	T	U	Activity

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

TRIP REPORT

NAME _____ POSITION _____

The following is a summary of my trip to _____
City & State

for _____
Convention/Seminar, Etc.

Date(s)

Summary of Day's Events

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. On the left side, there are several short vertical segments, possibly from a binder or staple. A small, dark smudge or mark is visible near the center of the page, and another smaller one is located towards the bottom right. The overall appearance is that of a clean, unused piece of stationery.

If more space is required, attach additional Trip Report Forms.

Signature

TELEPHONE QUOTATION SHEET

THIS FORM MUST BE ATTACHED TO CHECK REQUEST OR REQUISITION



School/Dept: _____

Contact Person: _____

Telephone #: _____

ITEM QUANTITY

DESCRIPTION

UNIT PRICE TOTAL COST

1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

BIDDERS

COMPANY NAME

COMPANY NAME

COMPANY NAME

TAXPAYER ID#:

TAXPAYER ID#:

TAXPAYER ID#:

M/WBE ☐M/WBE ☐M/WBE ☐

CONTACT PERSON	_____	_____	_____
ADDRESS	_____	_____	_____
CITY, STATE, ZIP	_____	_____	_____
WATTS/TELEPHONE #	_____	_____	_____
DATE/TIME	_____	_____	_____
#1 - COST	_____	_____	_____
#2 - COST	_____	_____	_____
#3 - COST	_____	_____	_____
#4 - COST	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____

DELIVERY DATE: _____

REMARKS: _____

Minority/Women Business Enterprise vendors were contacted as indicated, or no M/WBE vendors were identified:

Signature _____

Vendor Awarded To _____

CLASS "C" TRAVEL MEALS VOUCHER

The School Board of Broward County, Florida

NAME _____

DATE _____

PERSONNEL NO. _____

TRANS (RA-007)

SCHOOL/DEPARTMENT _____

LOC. NO. _____

CLASS "C" TRAVEL MEALS VOUCHER is to reimburse meals only for travel which does not include an overnight stay. This reimbursement request must be supported by a Trip Report & TDA-1 and sent to Accounts Payable.

I. ITINERARY:

Travel Dates	Departure Time	Arrival Time	Destination [*] From/To

II. REIMBURSEMENT REQUEST:

BREAKFAST _____ @ * _____ = \$ _____
LUNCH _____ @ * _____ = \$ _____
DINNER _____ @ * _____ = \$ _____
<p>*Current rate as published in the most recent memorandum from the Treasurer's Office.</p> <p>TOTAL = \$ _____</p>

III. AUTHORIZATION:

I hereby certify that the above claim is true and conforms with the requirements of School Board Policy 3400.

Approval _____
Principal/Department Head

Signature of requesting person

IV. PAYROLL DISTRIBUTION: Retro Active Pay Adjustment RA-007

Fund	Function	Location	T	U	Activity	Job Class	Earn Type	Gross Amount	Pay End Date	Adj	Job
						060000	MLC				

EXPENSE VOUCHER (Non-county personnel)
 The School Board of Broward County, Florida

 VENDOR
 NUMBER

Date _____

Name _____

Social Security Number: _____

Address: _____

I. PURPOSE OF TRIP: (COMPLETE APPLICABLE SECTIONS AND SEND TO ACCOUNTING.)

II. TRANSPORTATION:

Private Car Mileage (_____ miles x _____ cents per mile)*	\$
<input type="checkbox"/> Place/Common Carrier (attach ticket stub)	
<input type="checkbox"/> Rental Car (attach rental contract)	
<input type="checkbox"/> Taxi <input type="checkbox"/> Limousine <input type="checkbox"/> Parking (attach receipts)	
<input type="checkbox"/> Food (Class C Only)	
<input type="checkbox"/> Hotel (Class C Only)	

*Current rate as published in the most recent memorandum from the Treasurer's Office.

III. PER DIEM:

Computed by quarters: _____ days x _____* *Current rate as published in the most recent memorandum from the Treasurer's Office. Departed from Home _____ A.M. _____ P.M. _____, 20 ____ Returned to Home _____ A.M. _____ P.M. _____, 20 ____	
--	--

Total Of Sections II, III = Total Of Expense Voucher	\$
---	-----------

IV. AUTHORIZATION:

I hereby certify that the above claim is just and true in all respects, that it conforms with the requirements of School Board Policy, and that payment therefore has not been received.

 Approval _____
 Principal/Department Head

 Signature of requesting person

V. EXPENDITURE INFORMATION:

Check Request No.	Gross Amount	Account Element						Center Element				
		Fund	CI	Function	Object	PH	SO	Location	T	U	Activity	

CONSULTANT AGREEMENT

I, _____, have been requested to serve as CONSULTANT/TRAINER for the School Board of Broward County, Florida on _____

Date(s)

Time

for _____ day(s) to perform the following services:

PROJECT/PROGRAM TITLE: _____

COMPONENT TITLE: _____

☐ Develop New Program ☐ Deliver Program ☐ Evaluate Program ☐ Special Project

I understand that this agreement may be terminated if there is insufficient enrollment/attendance in the course assigned.

Business Event Type	Business Event #	Signature of Consultant/Trainer	Date

A PRIVATE/NON-BROWARD COUNTY CONSULTANT /TRAINER

My DAILY FEE is \$ _____.

My HONORARIUM total amount is \$ _____. My estimated expenses are \$ _____.

Upon completion of these services, I will forward the necessary INVOICE and TRAVEL INVOICE and receipts (airline, hotel, airport parking, etc.) to verify actual expenditures.

Signature of Consultant/Trainer

Social Security Number/EIN

Home Telephone

MAILING ADDRESS:

REQUESTING ADMINISTRATOR _____ Position/Title _____

Department/School/Center _____ Telephone _____ Date _____

Request for CONSULTANT/TRAINER services is hereby approved in accordance with existing School Board policies.

Signature of Principal/Administrator

Date

Signature of Area Superintendent/Deputy Superintendent/Associate Superintendent

Date

Signature of Superintendent

Date

EXPENSES WILL BE CHARGE AS FOLLOWS:

Consulting	ACCOUNT ELEMENT				CENTER ELEMENT			
	FUND	CL	FUNCTION	OBJECT	LOCATION	T	U	ACTIVITY
				3 1 6				
Travel	ACCOUNT ELEMENT				CENTER ELEMENT			
	FUND	CL	FUNCTION	OBJECT	LOCATION	T	U	ACTIVITY
				3 3 5				

*Refer to School Board Policy 3400 for limitations of travel expenses.
Form 2007 (Rev 6/02)

Broward County Public Schools

**SCHOOL BOARD OF BROWARD COUNTY, FL
INTERNAL FUNDS REQUEST FOR TRAVEL EXPENSE ADVANCE
AND TRAVEL EXPENSES REIMBURSEMENT REQUEST**

DATE: _____ EMPLOYEE: _____

respectfully request approval of an Advance of funds in the amount of

\$ _____, to be used to cover Travel expenses for _____
Type of Activity

in _____ I will be accompanying
City State

Number Students.

TRAVEL DATA

ESTIMATED

Time of Departure DATE _____ TIME _____
Time of Return DATE _____ TIME _____

We will be traveling by _____
Type of Transportation

Signature of Requester

STATEMENT OF EXPENSES (To be completed AFTER travel)

TRAVEL DATA

ACTUAL

Time of Departure DATE _____ TIME _____
Time of Return DATE _____ TIME _____

STUDENT EXPENSES:

1. Lodging \$ _____
2. Meals \$ _____
3. Other (Explain) _____ \$ _____

CHAPERONE EXPENSES:

1. Lodging \$ _____
2. Meals \$ _____
3. Other (Explain) _____ \$ _____
_____ \$ _____

I certify these expenses were actually incurred by me as necessary traveling expenses in the performance of official duties and is true and correct to the best of my knowledge.

Signature of Employee Requester

Approved _____

Signature of Principal