

**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:**

<u>TRANSPORTATION:</u>	
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.:	
<u>PER DIEM:</u> Current rate (as published in the most recent memorandum from the Treasurer's Office) x _____ days requested	
or	
<u>HOTEL:</u> (\$ _____ per day x _____ days requested)	
<u>MEALS:</u> Current rate (as published in the most recent memorandum from the Treasurer's Office)	
<u>MISCELLANEOUS:</u>	
Registration:	
Other: (specify)	
TOTAL ESTIMATED EXPENSES:	\$
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 \_\_\_\_\_

<b>IS A SUBSTITUTE REQUIRED DURING ABSENCE?</b>	<b>NO</b>	<b>YES</b>
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**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: _____