

TEMPORARY DUTY APPLICATION

SUPPLEMENTAL PRE-APPROVAL FORM

EMPLOYEE NAME: _____ Meeting/Conference Title _____

Job-related Purpose of Temporary Duty: _____

Hotel: _____ City: _____ State: _____

Forward to Superintendent's office for Board approval if travel is going to be outside of Florida.

Total Hours Requested: _____ Will a Travel Card be needed? ____ Yes ____ No

DEPARTURE DATE _____ MEETING/ CONFERENCE START DATE _____

DEPARTURE TIME _____ MEETING/ CONFERENCE START TIME _____

RETURN DATE _____ MEETING/ CONFERENCE END DATE _____

RETURN TIME _____ MEETING/ CONFERENCE END TIME _____

Explanation: _____

(Note: An explanation is required when a night's stay either before and/or after the final date of the meeting is requested. For example, If the meeting begins on July 10 and the Departure date is July 9 and explanation is required.)

Summary of Anticipated Costs:

\$ _____ Hotel Cost

_____ *Mileage: District Car: _____ x.20 Personal Car: _____ x.545 (requires approval)

_____ Meals: Breakfast \$6.00 when travel begins before 6 a.m. and ends after 8 a.m. Lunch \$11.00 when travel begins before 12 Noon and ends after 2 p.m. Dinner \$19.00 when travel begins before 6 p.m. and ends after 8 p.m.

_____ Registration

\$ _____ Total Employee Temporary Duty Projected Cost

To Be Completed by Administration:

\$ _____ Projected Travel Cost from Above Account # _____

\$ _____ Substitute ____ yes ____ no Account # _____

\$ _____ Stipend ____ yes ____ no Account # _____

\$ _____ Total Cost for Temporary Duty

List all known employees that will be attending this meeting/conference:

*Note: If applicable and known, please circle the employee that will be checking out the P Card.

Signature of Attendee

Date

Signature of Principal or Supervisor

Date

Signature of Grant Coordinator (If applicable)

Date

Signature of Superintendent

Date