

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.580
 (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 _____