

School District of Okaloosa County  
Finance Department  
**TEMPORARY DUTY ELSEWHERE**

MIS 5085  
REV. 02/16

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

School/Department: \_\_\_\_\_ Destination (City, State): \_\_\_\_\_

Purpose of TDE Request: \_\_\_\_\_

Total Dates of Activity (Including travel): Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

Number of Days of Activity: \_\_\_\_\_

Number of Days for Travel (In excess of activity, if required): \_\_\_\_\_

Total Days TDE, Including Time for Travel: \_\_\_\_\_

**Please mark ALL that apply:**

☐ In-County ☐ With Students  
☐ Out-of-County ☐ W/O Students  
☐ Out-of-State ☐ Overnight

**TRAVEL AND COST AUTHORIZATION**

Check the items below that apply and complete the "Estimated Cost of Trip" section (Include costs to be reimbursed and paid by District/School directly):

1. ☐ There are NO District/School costs associated with this trip.
2. ☐ I am requesting NO travel reimbursement and NO per diem.
3. ☐ This is a student field trip or athletic activity. **(Does not require Finance approval)**
4. ☐ I am requesting District/School paid and/or reimbursement for airfare.
5. ☐ I am requesting use of a District/School paid rental vehicle and gas reimbursement. **(Complete Page 2)**
6. ☐ I am requesting mileage reimbursement.
7. ☐ I am requesting District/School paid and/or reimbursement for lodging.
8. ☐ I am requesting predefined meal allowance.
9. ☐ I am requesting daily per diem in lieu of meals and lodging.
10. ☐ I am requesting District/School paid and/or reimbursement for a registration fee and other costs.  
(Include costs for registration fees, taxi fares, tolls, parking, etc.)

**Estimated Cost of Trip**

1.	N/A
2.	N/A
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
Total	\$

**FUNDING SOURCE (Budget or Internal):**

FUND	FUNCTION	OBJECT	COST CENTER	PROJECT

INTERNAL ACCOUNT

**CURRICULUM ALIGNMENT:**

• Relationship of TDE Request to school PD plan: \_\_\_\_\_

• Plan/Process to share with school, department, and/or OCSD staff: \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

*Signature of principal confirms that attendance at this conference/activity will add value to the educational program for students.*

Signature of Principal/Department Head \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor Providing Funding \_\_\_\_\_ Date \_\_\_\_\_  
(If other than immediate supervisor)

Signature of Finance \_\_\_\_\_ Date \_\_\_\_\_

Signature of Assistant Superintendent/Chief Officer \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** If travel reimbursement is requested, the original TDE must be submitted with an Out-of-County Travel Reimbursement Form (MIS 3041), and a copy must be retained by school/department submitting payroll.  
If travel reimbursement is not requested, the original TDE must be retained by school/department submitting payroll.

**SUBSTITUTE INFORMATION:** SEMS Job #: \_\_\_\_\_ Substitute Name: \_\_\_\_\_

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**RENTAL CAR RESERVATION REQUEST**

**Name:** \_\_\_\_\_ **School/Department:** \_\_\_\_\_

Class of Vehicle:      ☐ Intermediate                      ☐ Mini Van\*                      ☐ Other\*: \_\_\_\_\_

Number of Each Class of  
Vehicle Requested:      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

*Note: 12 passenger and 15 passenger vans are not authorized to transport students per Florida Statute 1006.22.*

**\*Supporting Reason of Official District Need for Increase in Class of Vehicle (required for any class of vehicle other than Intermediate):**

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Date                      Time

Pick up Vehicle:      \_\_\_\_\_                      \_\_\_\_\_ AM / PM

Return Vehicle:      \_\_\_\_\_                      \_\_\_\_\_ AM / PM

Pick up Location:      ☐ Crestview                      ☐ Destin-Fort Walton Beach Airport                      ☐ Fort Walton Beach                      ☐ Niceville  
                                 ☐ Orlando Airport                      ☐ Tampa Airport                      ☐ Other \_\_\_\_\_

District Contact Phone Number (person requesting rental): \_\_\_\_\_

**The following items are not authorized by the District because additional fees would be incurred for services. Any unauthorized items must be paid for by the employee.**

<b><i>Toll Transponders</i></b>	<b><i>GPS Technology</i></b> (Navigation Systems)	<b><i>Bluetooth Capabilities</i></b>	<b><i>Refueling Charge</i></b> (charge for returning rental vehicle with less fuel than when it was picked up)
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\_\_\_\_\_  
Signature of Employee                      Date

\_\_\_\_\_  
Signature of Principal/Department Head                      Date