

School District of Okaloosa County
Finance Department
TEMPORARY DUTY ELSEWHERE

MIS 5085
REV. 8/18

Name: _____ Employee ID #: _____
 School/Department: _____ Destination (City, State): _____
 Purpose of TDE Request: _____

Total Dates of Activity (Including travel):
 Departure Date: _____ (MM/DD/YY)
 Return Date: _____ (MM/DD/YY)
 First Date of Activity: _____ (MM/DD/YY)
 Last Date of Activity: _____ (MM/DD/YY)

Number of Days of Activity: _____
 Additional Days for Travel (If needed): _____
 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 travel costs associated with this trip.
2. I am requesting NO travel reimbursement and NO per diem.
3. A substitute is required for this TDE. A substitute is not required for this TDE.
4. This is a student field trip or athletic activity. **(Does not require Finance approval)**
5. I am requesting District/School paid and/or reimbursement for airfare.
6. I am requesting use of a District/School paid rental vehicle and gas reimbursement. **(Complete Page 2)**
7. I am requesting mileage reimbursement.
8. I am requesting District/School paid and/or reimbursement for lodging.
9. I am requesting predefined meal allowance.
10. I am requesting daily per diem in lieu of meals and lodging.
11. 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.	\$
11.	\$
Total	
\$	

FUNDING SOURCE (Budget or Internal):

	FUND	FUNCTION	OBJECT	COST CENTER	PROJECT	
Travel Funding						INTERNAL ACCOUNT
Substitute Funding						

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/Department Head _____ Date _____

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

Signature of Supervisor Providing Funding (If other than immediate supervisor) _____ Date _____ Signature of Finance _____ Date _____

Signature of Assistant Superintendent/Chief Officer _____ Date _____ Signature of Superintendent _____ 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):**

Pick up Vehicle: Date Time AM / PM Return Vehicle: Date Time 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.

<u>Toll Transponders</u>	<u>GPS Technology</u> (Navigation Systems)	<u>Bluetooth Capabilities</u>	<u>Refueling Charge</u> (charge for returning rental vehicle with less fuel than when it was picked up)
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NOTES

DOCUMENTS

Signature of Employee Date

Signature of Principal/Department Head Date