



**SCHOOL DISTRICT OF OKALOOSA COUNTY  
TECHNICAL ASSISTANCE MEMORANDUM  
FINANCE**

---

**FINANCE TAM:** 2002-004  
**CONTACT:** Pat Hagan  
**TELEPHONE:** 833-7688

**TO:** All Principals/Department Heads/Bookkeepers  
**FROM:** Patricia P. Wascom, Chief Financial Officer  
**DATE:** October 22, 2001  
**SUBJECT:** Out-of-County Travel (MIS 3041), In-County Travel (MIS 3042), and Temporary Duty Elsewhere (MIS 5085).

A handwritten signature in cursive script, appearing to read "Patricia Wascom".

We are attaching a copy of the newly revised forms listed above. These copies have a revised date of October, 2001. Please discard all old forms with a different revised date. **Beginning November 1, 2001, Accounts Payable will no longer accept the old forms and will return any old forms and supporting documentation to you for entry on the new forms.** Immediate use of the new forms will ensure prompt processing and payment of travel expenses.

If you would like to have a copy of these forms on disk, please e-mail Patt Hagan and request a copy on disk. The forms are also available on the Okaloosa School District Web Site. Go first to "Purchasing" and then to "Forms" and you will see the forms listed at <http://www.okaloosa.k12.fl.us/purchasing/htm/Forms.htm>. This memorandum is being sent through the courier to all schools and departments with a paper copy of the forms attached and through e-mail with attachments.

If you should have any questions regarding these forms, please feel free to call Patt Hagan at 833-7688 for assistance.

**SCHOOL DISTRICT OF OKALOOSA COUNTY  
OUT OF COUNTY TRAVEL REIMBURSEMENT**  
(PLEASE PRINT)

MIS 3041  
REV (10/01)

NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

SCHOOL/DEPT: \_\_\_\_\_

**MUST ATTACH APPROVED TDE FORM (MIS 5085-REV 10/01)**

<b>TRANSPORTATION COSTS</b>				
DATE	FROM (DEPARTURE POINT)	TO (DESTINATION)	MILES	COST

TOTAL TRANSPORTATION COSTS \$ \_\_\_\_\_

<b>TRAVEL EXPENSES</b>							
<i>CHOOSE ONLY ONE OPTION - PLEASE READ INSTRUCTIONS ON REVERSE SIDE</i>							
OPTION 1 - PER DIEM							
DEPARTURE FROM COUNTY		RETURN TO COUNTY		DAYS FOR PER DIEM	COST = DAYS x \$50	OTHER EXPENSES	TOTAL EXPENSES
DATE	TIME	DATE	TIME				

OR

OPTION 2 - MEAL PLUS LODGING							
DEPARTURE FROM COUNTY		RETURN TO COUNTY		MEAL ALLOWANCE	COST OF LODGING	OTHER EXPENSES	TOTAL EXPENSES
DATE	TIME	DATE	TIME				

TOTAL TRANSPORTATION AND OPTION 1 OR 2 \$ \_\_\_\_\_

OR

OPTION 3 - MEALS (Day trips when traveler is not away from official headquarters overnight)							
DEPARTURE FROM COUNTY		RETURN TO COUNTY		MEAL ALLOWANCE			TOTAL EXPENSES
DATE	TIME	DATE	TIME				

OPTION 3 REIMBURSEMENT WILL BE INCLUDED IN YOUR REGULAR PAYROLL CHECK

TOTAL COST OF OPTION 3 \$ \_\_\_\_\_

**CHARGE TO:**

FUND:	FUNCTION:	OBJECT:	0331
CENTER:	PROJECT:	TRIP NO:	

COMMENT TO CLARIFY THIS REQUEST:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY OR AFFIRM THAT THE ABOVE EXPENSES WERE ACTUALLY INCURRED BY ME AS NECESSARY TO TRAVELING EXPENSES IN THE PERFORMANCE OF MY OFFICIAL DUTIES, AND CONFORMS IN EVERY RESPECT WITH THE REQUIREMENTS OF SECTION 112.061 FLORIDA STATUTES.

APPROVED: PRINCIPAL/DEPT HEAD SIGNATURE \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

SCHOOL BOARD OF OKALOOSA COUNTY

MIS 3042  
REV 10/01

IN-COUNTY TRAVEL RECORD

FISCAL YEAR 2001-2002  
(Please print)

MONTH \_\_\_\_\_

NAME \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_

School/Dept \_\_\_\_\_

Round Trip

Date	FROM	TO	MILES	Y/N

TOTAL MILEAGE \_\_\_\_\_

AMOUNT DUE \$ \_\_\_\_\_

BRIDGE TOLLS \_\_\_\_\_

(ATTACH RECEIPTS)

FUND:	CENTER:	OBJECT: 0330
FUNCTION:	PROJECT:	REQ NO: T-

I HEREBY CERTIFY OR AFFIRM THAT THE ABOVE EXPENSES WERE ACTUALLY INCURRED BY ME AS NECESSARY TRAVELING EXPENSES IN THE PERFORMANCE OF MY OFFICE DUTIES, AND CONFORMS IN EVERY RESPECT WITH THE REQUIREMENTS OF SECTION 112.0661 FLORIDA STATUTES.

APPROVED: PRINCIPAL/DEPT HEAD \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

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

NAME: \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

SCHOOL/DEPARTMENT: \_\_\_\_\_

PURPOSE OF TDE REQUEST: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATES OF ACTIVITY: FROM : \_\_\_\_\_ TO: \_\_\_\_\_  
MONTH DATE YEAR MONTH DATE YEAR

NUMBER OF DAYS FOR TRAVEL: \_\_\_\_\_

TOTAL DAYS TDE, INCLUDING TIME FOR TRAVEL: \_\_\_\_\_

REQUEST: : (CHECK THE ITEMS BELOW THAT APPLY)

1. \_\_\_\_\_ I am requesting NO travel reimbursement and NO per diem.
2. \_\_\_\_\_ I am requesting travel reimbursement and will be traveling by  
Automobile \_\_\_\_\_, Airplane \_\_\_\_\_
3. \_\_\_\_\_ I am requesting Per Diem or Meals plus Lodging or Meals only(Selection to be Made on MIS 3041)
4. \_\_\_\_\_ I am requesting reimbursement for a registration fee.

Signature of applicant	Date	_____ Approved (SEE BELOW)
		_____ Approved* with reimbursement
Signature of Immediate Supervisor	Date	_____ Approved without reimbursement
		_____ Approved* with reimbursement
Signature of Supervisor Providing Reimbursement (If other than immediate supervisor)	Date	

\* If travel, per diem, and/or registration fee is approved list source of reimbursement.

Fund:	Project:	School/Dept. No.:
Function:	Object: 0331	Trip Number:

- Note
1. Submit in duplicate to the Finance Office prior to travel to attain a trip number. (Reimbursement can't be attain without a trip no. on all travel invoices & reimbursement request forms.)
  2. Original to be retained by the School/Dept. reporting payroll.
  3. One (1) copy of this form must be submitted with "Out of County Reimbursement" Form MIS 3041 before payment will be made by the Finance Office.

Use the space below to ESTIMATE the cost of the trip.

Air Fare	Lodging	Meals	Car Rental	Other
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____