



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

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FINANCE TAM: 2015-034

CONTACT: Kenn Macdonald, Specialist  
Accounting Operations

Melissa O'Malley, Director  
Accounting and Financial Reporting

TELEPHONE: 833-6310

TO: All OCSD

FROM: Rita R. Scallan, Chief Financial Officer 

DATE: April 7, 2015

SUBJECT: MIS 5085 – Temporary Duty Elsewhere (TDE) Form Revision

The Finance Department has recently revised the MIS 5085 – Temporary Duty Elsewhere (TDE) form for immediate use. Other versions of the TDE form should no longer be used. The revisions will help administrators see the full estimated cost of an employee's trip as well as reduce delays in issuing Avis cards and processing reimbursements.

**Summary of Changes**

- The new form will require pre-approval from Finance prior to the Assistant Superintendent or Chief Officer's approval for all Out-of-County trips to assure the form is completed accurately prior to final approval. (Forms can be faxed or emailed as noted below).
- The new form is a pre-fill form so the Total Days TDE and Total Cost are automatically calculated and easy check boxes to click to select applicable items.
- The new form has additional options to assure all costs are captured including a new item for Student Field Trip/Activity. When using District school bus for transportation, the Transportation Department must be contacted to coordinate and obtain estimated costs.
- The new form has a box for Internal Account numbers for travel paid from Internal Accounts.

**Additional approval required for ALL Out-of-County trips.**

TDE's for travel outside Okaloosa County will now require Finance Department approval. This will help reduce delays in issuing Avis cards and processing reimbursements by having the form reviewed for issues before final approval and processing. Forms can be faxed to 833-6317 or e-mailed to Kenn Macdonald ([macdonaldke@mail.okaloosa.k12.fl.us](mailto:macdonaldke@mail.okaloosa.k12.fl.us)) or Melissa O'Malley

([omalley@mail.okaloosa.k12.fl.us](mailto:omalley@mail.okaloosa.k12.fl.us)). All TDE's should be initiated 2 weeks prior to scheduled travel to allow time for approvals and processing. The sequence for approvals will be:

1. Principal or Department Head
2. Supervisor providing funding (if other than immediate supervisor)
3. Finance (Accounting and Financial Reporting)
4. Assistant Superintendent or Chief Officer

### **Travel Cost and Authorization**

Please note that "Cost" includes both Budgeted and School Internal Funds. The boxed section in the middle of the TDE form is the Travel and Cost Authorization section. Previous versions of the TDE form used "Reimbursement Request" which was misleading and did not reflect the full estimated cost of an employee's travel. There are now 10 choices that indicate all costs associated with the trip. For items 3-10 selected, the estimated cost must be entered into the "Estimated Cost of Trip" section.

### **Funding Source**

Enter the budget strip or internal funds account that will be used to fund the trip.

**All travel forms and the Travel Procedures manual may be accessed through the Internet as follows:** go to [www.okaloosaschools.com](http://www.okaloosaschools.com); choose Departments, choose Finance; go to Quick Links and choose Travel Information.

Should you have any questions or require further information, please contact Kenn Macdonald or Melissa O'Malley in Accounting Operations at 833-6310.

Attachment

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

MIS 5085  
REV. 03/15

**NAME:** \_\_\_\_\_ **EMPLOYEE ID #:** \_\_\_\_\_

**SCHOOL/DEPARTMENT:** \_\_\_\_\_ **DESTINATION:** \_\_\_\_\_

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

**TOTAL DATES OF ACTIVITY (Including travel):** FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(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:** \_\_\_\_\_

**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):

		Estimated Cost of Trip
1.	<input type="checkbox"/> There are NO District/School costs associated with this trip.	N/A
2.	<input type="checkbox"/> I am requesting NO travel reimbursement and NO per diem.	N/A
3.	<input type="checkbox"/> This is a student field trip or athletic activity using a District school bus for transportation.	\$
4.	<input type="checkbox"/> I am requesting District/School paid and/or reimbursement for airfare.	\$
5.	<input type="checkbox"/> I am requesting use of a District/School paid rental vehicle and gas reimbursement.	\$
6.	<input type="checkbox"/> I am requesting mileage reimbursement.	\$
7.	<input type="checkbox"/> I am requesting District/School paid and/or reimbursement for lodging.	\$
8.	<input type="checkbox"/> I am requesting predefined meal allowance.	\$
9.	<input type="checkbox"/> I am requesting daily per diem in lieu of meals and lodging.	\$
10.	<input type="checkbox"/> 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.)	\$
<b>Total</b>		\$

**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**  
(Required for ALL Out-of-County trips)

\_\_\_\_\_  
**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: \_\_\_\_\_