



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

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FINANCE TAM: 2016-031  
CONTACT: Kenn Macdonald, Specialist  
Accounting and Financial Reporting  
Melissa O'Malley, Director  
Accounting and Financial Reporting  
TELEPHONE: 833-6310

TO: Principals and Department Heads  
FROM: Rita R. Scallan, Chief Financial Officer  
DATE: March 11, 2016  
SUBJECT: MIS 5085 – Temporary Duty Elsewhere (TDE) Form Revision

The Finance Department has recently revised the MIS 5085 – Temporary Duty Elsewhere (TDE) form. The new TDE form should begin being used immediately and any other versions of the form should no longer be used. The revisions will help speed up the approval process and includes a second page for staff to provide information when requesting a rental vehicle.

**Summary of Changes**

- The new form clarifies that the *Destination* is to be the city and state of the activity.
- Under *Total Dates of Activity*, “From” and “To” were changed to “Departure Date” and “Return Date” respectively.
- The new form has a box to indicate whether the trip is in-county, out-of county, or out-of-state. It also requests if the trip is with students, without students, or overnight.
- The new form no longer requires Finance Department approval for student trips.
- The new form includes a second page that is to be completed when the employee is using a rental vehicle.
- The standard vehicle class authorized for use by the District is being changed from Compact to Intermediate.

All TDE’s should be initiated 2 weeks prior to scheduled travel to allow time for approvals and processing. A chart is attached showing the approval process for TDE’s as well as MIS 5327 Student Trip Request forms.

**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 and Financial Reporting at 833-6310.

Attachment

cc: Executive Staff  
Bookkeepers

**SCHOOL DISTRICT OF OKALOOSA COUNTY  
TEMPORARY DUTY ELSEWHERE (TDE) & STUDENT TRIP REQUEST PROCEDURES**

		FORMS REQUIRED (MUST BE SUBMITTED TOGETHER)		STEPS for APPROVAL	APPROVAL REQUIRED (FORMS MUST BE SUBMITTED TOGETHER)			
		TDE (MIS 5085)	STUDENT TRIP REQUEST (MIS 5327)		PRINCIPAL/ DEPARTMENT HEAD	ACCOUNTING & FINANCIAL REPORTING	ASSISTANT SUPERINTENDENT /CHIEF OFFICER	SUPERINTENDENT
<b>Student Activities</b> <small>(Student Trip Request)</small>	In-County	X	X	<b>STEPS FOR APPROVAL</b> ↓ ↓ ↓ ↓ ↓ ↓	X			
	Out-of-County	X	X		Step 1 X		Step 2 X	
	Out-of-State	X	X		Step 1 X		Step 2 X	Step 3 X - Student Trip Request ONLY
<b>Conference /Workshop</b> <small>(TDE)</small>	In-County (On/Off Campus)	X			X			
	Out-of-County	X			Step 1 X	Step 2 X	Step 3 X	
	Out-of-State	X			Step 1 X	Step 2 X	Step 3 X	

**All Athletics, Choral & Band**

**Approved By:** Nick Kootsouradis, Assistant Superintendent of Operations  
**Send to:** Sherry Anglin, Carver Hill Administrative Complex  
**\*NOTE -** Blanket Athletic TDE'S ***MUST*** include the sport schedule.

Example w/Student Activity: Sports, Choral, and Band Activities

**All Curriculum Based**

**Approved By:** Marcus Chambers, Assistant Superintendent, Curriculum & Instruction  
**Send to:** Linda Pinkert, Central Administrative Complex

Example w/Student Activity: Field Trip to the Exploratorium, Field Trip to the Zoo, Academic Team, Odyssey of the Mind, Competitions, etc.  
Example w/Staff Activity: Staff to OCS D Training, Staff to Educational Conference, etc.

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

<b>Please mark <u>ALL</u> that apply:</b>	
<input type="checkbox"/> In-County	<input type="checkbox"/> With Students
<input type="checkbox"/> Out-of-County	<input type="checkbox"/> W/O Students
<input type="checkbox"/> Out-of-State	<input type="checkbox"/> 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: \_\_\_\_\_

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

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

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

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