**School District of Okaloosa County**

MIS 5085

REV. 10/24

**Finance Department**

**TEMPORARY DUTY ELSEWHERE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name:** | |  | | | | | | | | | | | | | | | |  | | | | **Employee ID #:** | | | | |  | | | | | | | | | | | | |
| **School/Department:** | | | |  | | | | | | | | | | | | | | | | | **Destination (City, State):** | | | | | | | | |  | | | | | | | | | |
| **Purpose of TDE Request:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Total Dates of Activity (Including travel):** | | | | | | Departure Date: | | |  | |  | | | Return Date: | | | | |  | | | |  | First Date of Activity: | | | | |  | | | | |  | Last Date of Activity: | |  | |
|  | | | | | |  | | | (MM/DD/YY) | |  | | |  | | | | | (MM/DD/YY) | | | |  |  | | | | | (MM/DD/YY) | | | | |  |  | | (MM/DD/YY) | |
| Number of Days of Activity: | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | **Please mark ONE:** | | | | | | | | | |
| Additional Days for Travel (If needed): | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | |  | | | In-County Travel | | | | | | |
| Total Days TDE, Including Time for Travel: | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | |  | | | Out-of-County 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. |  | | There are NO District/School travel costs associated with this trip. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | N/A | |  | |
|  | ***Transportation*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 3. |  | | There are NO District/School transportation costs associated with this trip. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | N/A | |  | |
| 4. |  | | I am riding in a vehicle with another District employee(s). | | | | | | | | | | | | | | Name of employee(s): | | | | | | | | | | | | | | | | | | | N/A | |  | |
| 5. |  | | I am requesting District/School paid and/or reimbursement for airfare. *NOTE: If trip is less than 400 miles one-way, airfare reimbursement will be limited to the estimated rental cost (car rental and gas) calculated by Finance. Supervisors may approve an exception for single drivers allowing them to fly to destinations more than 400 miles one-way.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | |
| 7. |  | | I am requesting use of a District/School paid rental vehicle and gas reimbursement. **(Complete Page 2)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | |
| 8. |  | | I am requesting mileage reimbursement. *NOTE: If trip is more than 175 miles one-way, mileage reimbursement will be limited to the estimated rental cost (car rental and gas) calculated by Finance.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | |
| 9. |  | | I am requesting gas reimbursement only. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | |
|  | ***Meals and Lodging*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 10. |  | | There are NO District/School lodging costs associated with this trip. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | N/A | |  | |
| 11. |  | | I am sharing a room with another District employee(s). | | | | | | | | | | | | | Name of employee(s): | | | | | | | | | | | | | | | | | | | | N/A | |  | |
| 12. |  | | I am requesting District/School paid and/or reimbursement for lodging. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | |
| 13. |  | | I am requesting predefined meal allowance. (Max est. allowance = Total Days TDE x $36) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | |
| 14. |  | | I am requesting daily per diem in lieu of meals and lodging. (Max est. allowance = Total Days TDE x $80) *NOTE: Cannot be claimed if meals and/or lodging are paid by another employee, entity or included in the cost of the registration.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | |
|  | ***Other*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 15. |  | | I am requesting District/School paid and/or reimbursement for a registration fee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | |
| 16. |  | | I am requesting District/School paid and/or reimbursement for taxi, shuttle, Uber, Lyft, etc.  *NOTE: District and Internal P-cards are not authorized for these purchases due to the inclusion of gratuities/tips.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | |
| 17. |  | | I am requesting District/School paid and/or reimbursement for parking not included in lodging costs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | |
| 18. |  | | I am requesting District/School paid and/or reimbursement for other (must specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | |
|  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total** | | | | | $ | |  | |
| **FUNDING SOURCE (Budget or Internal):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | FUND | | | | | FUNCTION | | | OBJECT | | | | | | | COST CENTER | | | | | PROJECT | | | | | | |  | INTERNAL ACCOUNT NAME | | | | |  | |
|  | | | | |  | | | | |  | | |  | | | | | | |  | | | | |  | | | | | | |  |  | | | | |  | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ***By signing this form, the employee acknowledges he/she has read the District’s travel policies and procedures.***  ***Signature of Principal/Department Head confirms that attendance at this conference/activity will add value to the educational program for students.*** | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | |  | | |  | | **Signature of Employee** | **Date** |  | | **Signature of Principal/Department Head** | | | **Date** | |  |  |  |  | | |  | | | **Signature of Supervisor Providing Funding**  **(If other than immediate supervisor)** | **Date** |  | **Signature of Finance** | | | **Date** | | |  |  |  |  | |  | | | | **Signature of Superintendent, Assistant Superintendent, or Chief Officer** | |  | **Date** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**School District of Okaloosa County**

MIS 5085

REV. 10/24

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**TEMPORARY DUTY ELSEWHERE**

|  |  |  |
| --- | --- | --- |
| ***CURRICULUM ALIGNMENT*** |  | |
| * Relationship of TDE Request to school PD plan: |  | |
|  | | |
| * Plan/Process to share with school, department, and/or OCSD staff: | |  |
|  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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 | | |  | | | | | | | |  | |  | | | | Date | | | | |  | | | Time | | |  |
|  | | |  | | | |  |  | | |  | | | | | | | |  | |  | | | |  | | | | |  | | |  | | |  |
| Pick up Vehicle: | | |  | | | |  |  | | | AM / PM | | | | | | | |  | | Return Vehicle: | | | |  | | | | |  | | |  | | | AM / PM |
|  | | |  | | |  | | |  | | | | | | | | |  | | | |  |  | | | | | |  | | | | |  |  |  |
| Pick up Location: | | |  | Destin-Fort Walton Beach Airport | | | | | | | | |  | | | | Pensacola Airport | | | | | | |  | | Other: | | |  | | | | | | | |
|  | |  | | | |  | | | |  | | | | | | | |  | | | |  | | | | | | |  | | | | |  | |  |
| District Contact Phone Number (person requesting rental): | | | | | | | | | | | |  |  | | | | | | | | |  | | | | | | |  | | | | |  | |  |
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| ***The following expenses are not authorized by the District because additional fees would be incurred for services. Any unauthorized items must be paid for by the employee.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Upgrades including airfare, hotel, rental vehicle, etc.  Gratuities, tips and portage fees  Travel insurance  Personal reward points. The District will not reimburse an employee using personal reward points for any business-related travel (airfare, hotel, etc.). | | | | | | | | | | | | | | | | | | Rental vehicle related:  Bluetooth capabilities  Refueling charge (charge for returning rental vehicle with less fuel than when it was  picked up)  GPS technology (navigation systems)  Prepaid fuel | | | | | | | | | | | | | | | | | | |
|  | |  | | | |  | | | |  | | | | | | | |  | | | |  | | | | | | |  | | | | |  | |  |
| ***NOTES*** | |  | | | |  | | | |  | | | | | | | |  | | | |  | | | | | | |  | | | | |  | |  |
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