

**PINELLAS COUNTY SCHOOLS
TEMPORARY DUTY ELSEWHERE**

TDE Type:
☐ Meeting ☐ Conference ☒ Field Trip ☐ Other
Location Type:
☒ In-County ☐ Out of County ☐ Out of State

THE FOLLOWING EXPENSES ARE AUTHORIZED FOR THE EMPLOYEE(S) LISTED BELOW.

TRAVEL EXPENSE				SUBSTITUTE TEACHER(S)				
☒ YES ☐ NO	ESTIMATED COST PER PERSON \$ _____		☐ YES ☐ NO		NUMBER	COST PER SUB.	TOTAL COST	
	TOTAL NUMBER OF STAFF: _____				X		= \$ _____	
TOTAL ESTIMATED COST PER TRIP: \$ _____								
NAME		SCHOOL/DEPARTMENT		DATE(S)		SIGNATURE		
Purpose:								
Costs below are estimated for ONE person. Multiply for additional people. HOTEL: \$ 0 REGISTRATION: \$ 0 FLIGHTS: \$ 0 TAXI/UBER/BUS: \$ 0 CAR RENTAL: \$ 0 PARKING: \$ 0 TOLLS: \$ 0 MILEAGE: \$ 0 MEALS: \$ 0 OTHER: \$ 0 TOTAL ESTIMATED COST FOR <u>ONE</u> PERSON: \$ 0								
						Funding Type: District Funding Proj Name: Art Referendum		
NAME OF ACTIVITY AND ORGANIZATION:								
LOCATION				TRAVEL DATES FROM THRU				
FUND	GEN LED	FUNCTION	OBJECT	COST CENTER	PROJECT	SUB PROJECT	PROGRAM	AMOUNT
			0332					\$
			0333					\$
								\$
								\$
Pursuant to Section 112.061 (3) (a), Florida Statutes, I hereby certify or affirm that to the best of my knowledge the expenses requested will be on official business of the School Board of Pinellas County and will be performed for the purpose(s) stated above.								
PRE APPROVAL: ☐ N/A or Pre Approved on -								
REQUESTED BY - Signature					TITLE		DATE	
DIRECT SUPERVISOR APPROVAL - Signature					← Printed Name		DATE	
AREA SUPERINTENDENT/DIVISION CHIEF APPROVAL – Signature					← Printed Name		DATE	
TEACHING & LEARNING CHIEF APPROVAL (IF SCHOOL) - Signature					← Printed Name		DATE	
EXPENSE AUTHORIZED BY - Signature of Cost Strip/Project Owner					← Printed Name Jonathan Ogle		DATE	
GRANT FUNDED	Grant Manager Approval- Signature & Date N/A		Special Projects Staff Approval- Signature & Date N/A		Spec. Proj. Director/Asst. Dir. Approval- Signature & Date N/A			
☐								