TEMPORARY DUTY ELSEWHERE

(TDE)

You must give completed TDE to principal’s secretary 3 weeks prior to the trip.

The following must be filled out accurately:

1. Please mark yes or no for travel expenses
2. Mark yes or no for Sub and how many days
3. Name, School, Dates of Travel, Signature
4. **Information to list in this section**: If taking students list names/numbers or TBD, need a rental car, minivan or bus. If you don’t have actual cost, an estimated one will work. (include copy of mileage)
5. Name of Activity/Purpose for Attending
6. Location/Travel Dates
7. Requested by – Teacher Signature/Title/Date you filling out form.
8. TDE Approved By Signature –Principal, Title/Date principal signs

Car/Van rental procedures and bus information see principal’s secretary
## Pinellas County Schools
### Temporary Duty Elsewhere

**The Following Expenses Are Authorized for the Employee(s) Listed Below**

<table>
<thead>
<tr>
<th>Travel Expense</th>
<th>Substitute Teacher(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Image of a table with entries" /></td>
<td></td>
</tr>
</tbody>
</table>

- **NAME:** John Doe  
- **School/Department:** Dunedin High  
- **Date(s):** 10/1-7/2011

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(If you will be needing to rent a car and/or mini van please state so in this area.)

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**Name of Activity and Purpose for Attending:**  
SkillsUSA National Competition

**Location:** Kansas City, MO  
**Travel Dates:** From 10-01-11 Thru 10-07-11

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.

**Requested By:** - Signature  
**Expense Authorized By:** - Signature  
**TDE Approved By:** - Signature  
**Title:**  
- Teacher: 09-01-11  
- Director:  
- Principal: 09-02-11

**Fund:** 0420  
**General Ledger:** 5300  
**Function:** 0332  
**Object:** 5780  
**Cost Center:** 2443  
**Project:** 0333  
**Sub Project:**  
**Program:**  
**Amount:** 750.00

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*White*: Principal(s)  
*Yellow*: Expenses Authorized  
*Pink*: Originator

*PS Form 3-650 (Rev 4/11)  
Review Date 4/12*