

**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

Sample

PINELLAS COUNTY SCHOOLS
TEMPORARY DUTY ELSEWHERE

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

TRAVEL EXPENSE 1				SUBSTITUTE TEACHER(S) 2				
<input checked="" type="checkbox"/> YES	ESTIMATED COST	TOTAL	<input checked="" type="checkbox"/> YES	NUMBER	COST PER SUB	TOTAL COST		
<input type="checkbox"/> NO	Include mileage per diem transportation, registration, etc.	\$ 750.00	<input type="checkbox"/> NO	2 x	71.00	= \$ 142.00		
3 NAME		SCHOOL/DEPARTMENT	DATE(S)		SIGNATURE			
John Doe		Dunedin High	10/1-7/2011					
4 Students attending conference. Jill Smith, David Jones, Erin Brown. (If you will be needing to rent a car and/or mini van please state so in this area.)								
5 NAME OF ACTIVITY AND PURPOSE FOR ATTENDING SkillsUSA National Competition								
6 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								
7 REQUESTED BY - Signature				TITLE Teacher		DATE 09-01-11		
EXPENSE AUTHORIZED BY - Signature				TITLE Director		DATE		
TDE APPROVED BY - Signature				TITLE - Principal/Immediate Supervisor Principal		DATE 09-02-11		
FUND	GENERAL LEDGER	FUNCTION	OBJECT	COST CENTER	PROJECT	SUB PROJECT	PROGRAM	AMOUNT
0420		5300	0332	5780	Z443			750.00
			0333					