PINELLAS COUNTY SCHOOLS

TEMPORARY DUTY ELSEWHERE

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

TRAVEL EXPENSE		SUBSTITUTE TEACHER(S)		
____ YES	ESTIMATED COST TOTAL	____ YES	NUMBER COST PER SUB.	TOTAL COST
____ NO	Include mileage, per diem transportation, registration, etc. $ _____	____ NO	X	= $ _____

NAME	SCHOOL/DEPARTMENT	DATE(S)	SIGNATURE

NAME OF ACTIVITY AND PURPOSE FOR ATTENDING

LOCATION	TRAVEL DATES FROM THRU

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	TITLE	DATE
EXPENSE AUTHORIZED BY - Signature	TITLE	DATE
TDE APPROVED BY- Signature	TITLE - Principal/Immediate Supervisor	DATE

FUND	GENERAL LEDGER	FUNCTION	OBJECT	COST CENTER	PROJECT	SUB PROJECT	PROGRAM	AMOUNT
			0332					
			0333					

White – Principal(s) make copies as needed for employees Yellow – Expense Authorizer Pink – Originator