

NEBRASKA FAMILY, CAREER & COMMUNITY LEADERS OF AMERICA

STATE OFFICER TRAVEL AUTHORIZATION FORM

Please complete this form BEFORE each scheduled meeting, as designated by the State Adviser, and send to:

Jan Brandt
State FCCLA Adviser
Nebraska Department of Education
PO Box 94987
Lincoln, NE 68509-4987

NAME OF OFFICER _____

NAME OF FUNCTION _____

DATE(S) OF FUNCTION _____

PLACE OF FUNCTION _____

MODE OF TRANSPORTATION _____

APPROXIMATE TIME OF ARRIVAL _____

PERSON(S) ACCOMPANYING YOU _____

We understand that the meeting will convene at approximately _____

We understand that the meeting adjournment is scheduled for approximately _____

We, the undersigned, understand that the above-named individual will be in attendance at the stated function. We give our approval for this individual's participation. We agree to the provisions as stipulated in the Conduct Code. We agree not to hold Nebraska FCCLA, the State Board of Education, or any of its agents, liable for any accident, illness or injury to this individual during participation in state organization approved activities or functions and necessary travel to and from those sites.

State Officer's Signature

School Official's Signature

Home Phone

Work Phone

Parent/Guardian's Signature

Chapter Adviser's Signature

Home Phone

Work Phone

Home Phone

Work Phone