

**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