Commonwealth of Virginia Travel Request Form & Passenger Manifest

Requested Aircraft:	Requested by:		De	pt:	Date: _	
Purpose of Flight:						
Requested Itinerary	Date	Time	Requested Itine	NOW.	Date	Time
1. Depart	Date	Time	5. Depart	riaiy	Date	Time
Arrive			Arrive			
2. Depart			6. Depart			
Arrive			Arrive			
3. Depart			7. Depart			
Arrive			Arrive			
4. Depart			8. Depart			
Arrive			Arrive			
Passenger Name	Affiliation	Ad	dress	Emerge Contact	-	*Asked Weights
1.				Contact	,	vv eights
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
* Flights with 7 or more pa	assengers must com	plete the '	"Asked Weights" for a	aircraft weigh	t and balance	purposes
The Department of Av location. An itinerary for distribution among Billing agency (and cook Address:	will be faxed or eg passengers. de if available):	e-mailed	to the person resp			
Phone:			Fax:			
I acknowledge that Sta aircraft apply, and tha to the departure of this Please return all appro	ate Travel Regula It as the requesting Is flight. Authorized Sign Oved requests to t	tions reg ag agenc ature/Ti he Fligh	garding the use of e y, we will have con itle t Coordinator by F	either State- aplied with s	owned or conditions of the con	hartered tions prior
•••••	•••••	••••••		• • • • • • • • • • • • • • • • • • • •	•	•••••
Date:			Approved ()		Declined ()

Secretary / Authorized Designee's Signature: