

**Commonwealth of Virginia
Travel Request Form & Passenger Manifest**

Requested

Aircraft: _____ **Requested by:** _____ **Dept:** _____ **Date:** _____

Purpose of Flight: _____

Requested Itinerary	Date	Time	Requested Itinerary	Date	Time
1. Depart:			5. Depart:		
Arrive:			Arrive:		
2. Depart:			6. Depart		
Arrive:			Arrive		
3. Depart:			7. Depart		
Arrive:			Arrive		
4. Depart:			8. Depart		
Arrive:			Arrive		

Passenger Name	Affiliation	Address	Emergency Contact	*Weights
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

* All flights require accurate passenger weights for weight and balance safety purposes.

The Department of Aviation requires a complete manifest on file before the aircraft departs any location. An itinerary will be faxed or e-mailed to the person responsible who initiates the request, for distribution among passengers.

Billing agency (and code if available): _____

Address: _____

Phone: _____

Fax: _____

I acknowledge that State Travel Regulations regarding the use of either State-owned or chartered aircraft apply, and that as the requesting agency, we will have complied with said regulations prior to the departure of this flight.

Authorized Signature/Title _____

Please return all approved requests to the Flight Coordinator by Fax: 804-236-3643.

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Date: _____

Approved ()

Declined ()

Secretary /Authorized Designee's Signature: _____