

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

Requested Aircraft _____ Purpose of Flight _____

Requester _____ Agency _____ Date _____

| 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 | Lead Passenger Contact Phone Number* | Emergency Contact | Weight** |
|----------------|-------------|---|----------------------|----------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |

*All flights must have a lead passenger contact phone number.

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

The Virginia Department of Aviation requires a complete manifest on file before the aircraft departs any location. An itinerary will be emailed to the person who initiates the request for distribution to the passengers.

Agency Information

Billing Agency: _____

Billing Address: _____

Phone: _____ Email: _____

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

Authorized Signature _____ Title _____

Authorization

Date: _____

Approved

Declined

Secretary/Authorized Designee's Signature _____