

REQUEST FOR AIRPLANE

University of Kansas Aviation Services
1450 Jayhawk Blvd, 225 Strong Hall, Lawrence, KS 66045
Phone 785-864-4694 Fax 785-864-5599
Office Hours: 8:00am - 4:30pm

Flight Date _____

Requester _____ Phone # _____ Fax # _____

Department Name & Billing Address _____

Contact Name _____ Daytime phone _____

Contact Name for after hours purposes _____ After hours phone #1 _____

After hours phone #2 _____

Phone #s where pax can be reached during this trip _____

Purpose of flight _____

All flights must be for official State of Kansas business

DEPARTURE

ARRIVAL

City _____	Time AM or PM _____	City _____	Time AM or PM _____
City _____	Time AM or PM _____	City _____	Time AM or PM _____
City _____	Time AM or PM _____	City _____	Time AM or PM _____
City _____	Time AM or PM _____	City _____	Time AM or PM _____
City _____	Time AM or PM _____	City _____	Time AM or PM _____

NOTE: Passengers are limited to authorized personnel on official State business. All passengers must adhere closely to established flight plans. Please plan to be at the airport 15 minutes prior to the departure or risk missing the flight.

Passenger Name & Dept	Boarding City	Pax Wt	Home Phone No. (include area code)
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Weight of Carry-on items _____ Special Requests _____

Department responsible for payment (NOTE: State funds only) _____

Department Name and Account number to be charged _____

Name and signature of person authorizing payment _____

Print name

Signature

An itinerary will be emailed the week prior to the flight date.

(Rev 4/26/16)