UNIVERSITY OF SOUTH ALABAMA CHARTER AIR TRANSPORTATION REQUEST

In order to reserve and confirm a charter flight this form must be completed, with proper approvals, and delivered or emailed to the Office of the Vice President for Finance and Administration (AD 170). Please include all information requested. The individual scheduling the flight will be notified by email of the flight details.

This form requires the approval of the Department Head, the Vice President or Division Head for the requesting department and the Vice President for Finance and Administration.

Individual Scheduling Flight			Phone		
FOAPAL			Email Address		
Date of Flight	Arrival Time (Minimum of (One Hour Prior to Meetin Time)		D	ime of Expected Departure (from Destination)	
Destination(s) – List in F	light Order. (Example: Mo	bile – Montgomery – N	Aobile)		
Purpose of Travel					
		PASSENGERS			
Full Name (As it Appears on Driver)	License)	Weight	Cell Number	University Division	
Will a rental vehicle be n	eeded? Yes	No			
		APPROVALS			
Department Head		Pres	esident/Vice President/Division Head		