UNIVERSITY OF SOUTH ALABAMA CHARTER AIR TRANSPORTATION REQUEST

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

This form requires approved the Department Heled, Vice Presideon Division Head for the requesting department and the Vice Preside interferrence Administration.

| FOAPAL | <u>E</u> ma | Email Address | |
|---------------------------------------|---|---|--|
| Dateof Flight Destination(s)Lis | Arrival Time(Minimum of (One Hour Prior to Meeting Date of Time) Return st in Flight Orde(Example: MobileMontgomeryMobile) | Time of Expected Departure (from Destination <u>)</u> | |
| | | | |

PASSENGERS

Full Name (As it Appears on Driver License)

ll Name