

Submit Completed Travel Request to:
 Fax: 304-558-2171 E-mail: Aviation@wv.gov

**State of West Virginia
 Aviation Division**



Flight Request Form

Date of Request _____

Agency Information

Agency Name	
Address	
Phone	
Fax	
E-Mail	
Travel Requested By:	
Authorizing Administrator	
Contact Person	

Cell and/or Home numbers requested so that the Pilot may contact the appropriate individual if last minute delays or cancellation exist due to weather, etc.

Passenger Information

Passenger #	Passenger Name	Contact #	Agency	Division
1				
2				
3				
4				
5				
6				
7				
8				
9				

Travel Information

Date of Travel _____ Destination _____

Date	Departure Time	From	To	Passenger #'s (see above)

I hereby certify that this trip is for Official Business for the State of West Virginia, the purpose of the trip being _____

This Flight is authorized by (Print Name) _____ Date _____

Signature of Secretary/ Authorized Designee _____

Reviewed by Director of Aviation _____ Date _____

As of 4-14-10 (per Department of Admin.) No authorization signature is required for Governor Flights.