

REQUEST FOR AIRCRAFT

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

Requester _____ Flight Date _____
Department Name & Billing Address _____ Phone # _____
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 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 business. All passengers must adhere closely to established flight plans. Please plan to be at the airport 15 minutes prior to the departure time.

Passenger Legal Name & Department	Boarding City	Pax Weight & DOB	Contact No. (include area code)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Weight of Carry-on items _____ Special Requests _____

Department responsible for payment _____

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 1/25/2022)