**AIRCRAFT SERVICES REQUEST**

***\*All columns must be filled in prior to submission\****

Date of Request:\_\_\_\_\_\_\_\_\_\_ Submitted by: Contact phone:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Passenger Name **(\*Flight Manager)** | **Weight** | **Baggage Wt.** | **Grade Level** | Management Code | Contact phone number  **(Cell phone/home phone)** |
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Name of Senior Federal Officials (SES or above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Include copy of completed **GSA Form** [**3641**](http://www.gsa.gov/portal/forms/download/F22B38238A888F3F85256A2C0054201F) **- Senior Federal Travel Form with this Aircraft Services Request. Fax completed form to: 303-445-4319 (attn: aircraft desk)**

Purpose of Flight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### FLIGHT ITINERARY Date of proposed flight:

|  |  |  |  |
| --- | --- | --- | --- |
| Departure Airport **with number of PAX** | Date and Time of **Departure** | Destination Airport | Drop off/Pick up **number of PAX** |
|  |  |  |  |
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Fax a copy of this request to RMACC Aircraft Desk at (303) 445-4319, phone notification (303) 445-4300.

**Upon completion of the charter flight, ATTACH THIS COMPLETED DOCUMENT TO THE RO COPY OF THE FLIGHT USE REPORT FS-122 (pink copy) and turn into Rocky Mountain Region RO Aviation Staff.**