

**EAST TENNESSEE STATE UNIVERSITY
CHARTER FLIGHT REQUEST FORM & PASSENGER MANIFEST**

REQUESTING DEPARTMENT: _____ REQUEST DATE: _____ EMPLOYEE REQUESTING: _____

CHARTER FLIGHT OPERATOR: _____ BANNER ID # of OPERATOR: _____

OPERATOR CONTRACT NUMBER: _____ CERTIFICATE OF INSURANCE ON FILE FOR CONTRACT? Y OR N _____
 check with Procurement if contract number is not known

If no certificate is on file which covers the **travel dates**, a certificate must be obtained from the charter operator.
Certificate of insurance should indicate the limits of liability coverage, indicate coverage for bodily injury and property damage, list ETSU and/or ETSU Foundation as additional insured, and include a waiver of subrogation for physical damage to the aircraft.

OFFICIAL PURPOSE OF FLIGHT: _____

JUSTIFICATION OF CHARTER AS MEANS OF TRANSPORTATION:

Please check all applicable justifications for use of charter aircraft

- Use of Charter is cost effective compared with commercial airline and/or ground transportation for this group.
- Commercial flights unable to reach travel destination.
- Commercial flights unable to meet travel time constraints.
- University business will be conducted while in flight.
- Meeting schedule at destination does not fit with vehicular travel.
- Other: _____

Departure Date/Time/Location: _____
 Date Time Location

Destination(s): _____
 - Include any intermediate stops

Return Date/Time/Location: _____
 Date Time Location

	Passenger Name	Passenger Title/Role	ETSU Emp? Y/N	ETSU Dept or Company Name	Business Purpose of Trip	Banner Chart & Index	Emergency contact Name\Phone
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____	_____

Attach additional sheet if more than 10 passengers. If more than one charter plane is being requested, provide a list of passengers by plane.

 Departmental/Dean Approval Date

 Vice President Approval Date

 President Approval Date

Submit completed form and required charter operator Certificate of Insurance to the President's Office for final approval. Forms without a Certificate attached or on file will not be approved.