Michigan Department of Transportation FA-1 (10/17)

FLIGHT APPROVAL REQUEST

REQUESTER'S NAME		DEPARTMENT			DATE OF REQUEST	
PURPOSE OF TRAVEL						
FLIGHT INFORMATION						
FLIGHT DESTINATION(S)			LIST OR NUMBER OF PASS	ENGEF	RS	
DATE OF DEPARTURE	APPROX. ARRIVAL TIME		DATE OF RETURN	ROX. DEPARTURE TIME		
AIR CARGO/EQUIPMENT Yes No	Ca	rgo Only	APPROXIMATE WEIGHT OF CARGO/EQUIPMENT			
COST JUSTIFICATION						
LEVELS	но	URLY WAGES	NUMBER OF PEOPLE		TOTAL	
4 - 8			(x)			
9 - 12			(x)			
13 - 16			(x)			
17 and Higher			(x)			
Commissioners			(x)			
			TOTAL WAGES			
	STA	ATE AIRCRAFT	AUTOMOBILE	С	OMMERCIAL AIRCRAFT	
Travel Time						
Hourly Wages – all Passengers						
Travel Time (x) Hourly Wages						
Subsistence/Food (per person)						
Overnight Accommodations (per person)						
Other Transportation Costs (per person)						
Total Estimate						

OTHER COS	T FACTOR	RS - F	OR	QUOTE,	CALL	. (517)	335-	9986.
		.						_

3-4 Passenger aircraft, twin-engine, single pilot – Baron.

7-9 Passenger aircraft, pressurized, twin turbo-prop, two pilots – King Air.

When aircraft and crew remain overnight, the charges will be passed on to the customer.

Handling/parking fees, hangar storage (when required due to weather), pilot overtime,

applicable.	ests, and aircra	aft de-icing char	ges will be passe	d on to custome	er when
Note: Often, ı	using a state p	lane will elimina	ate the need for o	vernight stays.	
OTHER CONSID	ERATIONS (i.e.	Schedule, Priority,	Need to Expedite, Mu	Itiple legs/destinati	ons, etc)
ACCOUNTING			_		
ACCT. TEMP.	ACTIVITY	LOCATION	PROGRAM/PH	OTHER	AMOUNT
				TOTAL	
APPROVAL					
Requestor's S	ignature:			Date:	
Supervisor's Signature: Date:					