



## WYDOT FLIGHT REQUEST

**AERONAUTICS DIVISION** (200 EAST 8TH AVENUE CHEYENNE, WY 82002)  
**Phone:** 777-3951 (After Hours 214-5911) **Fax:** 637-7352 **Email:** flightscheduling@wyo.gov

Agency/Division: \_\_\_\_\_

Date(s) of Flight: \_\_\_\_\_

Overnight Trip (8 passenger max)?  Y/N

Number of Overnight Bags: \_\_\_\_\_

Oversized Baggage?  Y/N

Number & Dimensions of Largest: \_\_\_\_\_

ERP Number (WYDOT use only): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

After Hours Contact Person: \_\_\_\_\_

Cell #: \_\_\_\_\_

Passenger Contact Person: \_\_\_\_\_

Cell #: \_\_\_\_\_

| Passenger Name, Flight Details and Billing Information |              |              |               |               |                |                  |                                 |         |
|--|--------------|--------------|---------------|---------------|----------------|------------------|---------------------------------|---------|
| Passenger Name   | Date (mm/dd) | Pick-Up City | Pick-up Time* | Drop-Off City | Drop-Off Time* | Billing Agency # | Department<br>(WYDOT & UW only) | Program |
|  |              |              |               |               |                |                  |                                 |         |
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|  |              |              |               |               |                |                  |                                 |         |
|  |              |              |               |               |                |                  |                                 |         |

\*Enter either Pick-Up Time or Drop-Off Time (both not required)

Comments:

Authorized By:

\_\_\_\_\_  
 Name Date

\_\_\_\_\_  
 Title

