

REQUEST FOR AIR TRANSPORTATION

North Dakota Department of Transportation, State Fleet Services

SFN 9705 (11-2018)

Requesting Agency	Date	Destination(Explain if en route stops or deviations from direct course are intended.)
Date of Departure	Time of Departure	

Person to be contacted if delay or cancellation of this trip should become necessary.

Name of Contact Person	Office Telephone Number	Cellphone Number
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Passenger and Emergency Contact Information

Name of Passenger	Agency	Cell Number	Emergency Contact Name	Cell Number	Address Work/Home
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Date of Intended Return	Intended Departure Time from Destination
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Business Purpose of Trip

Method of Ground Transportation at Each Destination

Agency/Agencies to be Billed

Authorization:

State Agency/Division Requesting Aircraft

Approved:

Signature of Agency/Division Director	Date	State Fleet Services Director	Date
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