



State of Vermont

Division of Policy, Planning & Intermodal Development

One National Life Drive

Montpelier, VT 05633

Guy.rouelle@state.vt.us

Agency of Transportation

Aeronautics Administrator

[phone] 802-828-2833

[fax] 802-828-2850

[cell] 802-522-9995

**FLIGHT REQUEST FORM**

Office of the Governor  
NAME OF REQUESTOR / AGENCY

3-30-2014  
REQUEST DATE  
(MM/DD/YYYY)

6-3-2014 Caledonia Co. Airport 1:15pm  
PROPOSED FLIGHT DATE DESTINATION LOCATION DESTINATION ARRIVAL TIME  
(MM/DD/YYYY)

governor to attend ground breaking ceremony  
BRIEFLY DESCRIBE THE PURPOSE OF THE FLIGHT

	PASSENGER NAMES	PASSENGER WEIGHT (LBS.)
1	Peter Shumlin	180
2	Staff	
3	Security	

WB INFO.

0

**FLIGHT COST ESTIMATOR \***

FLIGHT LEG	DEP	ARR	FLIGHT TIME	UNIT COST	FLIGHT LEG COST
1				\$188	\$0.00
2				\$188	\$0.00
3				\$188	\$0.00
4				\$188	\$0.00

TOTAL

\$0.00

See above Page 5/30/14  
REQUESTOR APPROVAL / DATE

\_\_\_\_\_  
AERONAUTICS ADMINISTRATOR / DATE  
IN STATE APPROVAL

\_\_\_\_\_  
VTRANS DIVISION DIRECTOR / DATE  
OUT OF STATE APPROVAL

\* Flight Scheduler will calculate the approximate flight time based on information provided. It is ultimately the responsibility of the requesting Entity to determine if it is cost effective to fly in lieu of an alternate means of transportation. Other costs may be associated with the flight.



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### FLIGHT REQUEST FORM

Governor's Office  
NAME OF REQUESTOR / AGENCY

5-30-2014  
REQUEST DATE  
(MM/DD/YYYY)

6-17-2014 Boston-area 9am  
PROPOSED FLIGHT DATE DESTINATION LOCATION DESTINATION ARRIVAL TIME  
(MM/DD/YYYY)

Governor to join other New England governors for a meeting on opiod addiction.  
BRIEFLY DESCRIBE THE PURPOSE OF THE FLIGHT

	PASSENGER NAMES	PASSENGER WEIGHT (LBS.)
1	<u>Peter Shumlin</u>	<u>180</u>
2	<u>staff</u>	
3	<u>Security</u>	

WB INFO

0

#### FLIGHT COST ESTIMATOR \*

FLIGHT LEG	DEP	ARR	FLIGHT TIME	UNIT COST	FLIGHT LEG COST
1				\$188	\$0.00
2				\$188	\$0.00
3				\$188	\$0.00
4				\$188	\$0.00

TOTAL

\$0.00

Sun-alle-Prior 5/30/14  
REQUESTOR APPROVAL / DATE

\_\_\_\_\_  
AERONAUTICS ADMINISTRATOR / DATE  
IN STATE APPROVAL

\_\_\_\_\_  
VTRANS DIVISION DIRECTOR / DATE  
OUT OF STATE APPROVAL

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FLIGHT REQUEST FORM

Governor's Office  
NAME OF REQUESTOR / AGENCY

5-30-14  
REQUEST DATE  
(MM/DD/YYYY)

6-11-14  
PROPOSED FLIGHT DATE  
(MM/DD/YYYY)

Rutland  
DESTINATION LOCATION

9:45  
DESTINATION ARRIVAL TIME

Attend bill signing in Rutland  
BRIEFLY DESCRIBE THE PURPOSE OF THE FLIGHT

	PASSENGER NAMES	PASSENGER WEIGHT (LBS.)
1	Peter Shumlin	180
2	Staff	
3	Security	

WB INFO

0

FLIGHT COST ESTIMATOR \*

FLIGHT LEG	DEP	ARR	FLIGHT TIME	UNIT COST	FLIGHT LEG COST
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2				\$188	\$0.00
3				\$188	\$0.00
4				\$188	\$0.00

TOTAL

\$0.00

See all page 5/30/14  
REQUESTOR APPROVAL / DATE

AERONAUTICS ADMINISTRATOR / DATE  
IN STATE APPROVAL

VTRANS DIVISION DIRECTOR / DATE  
OUT OF STATE APPROVAL

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