



Colorado State University Chartered Trip Approval Form

Department: _____

Preparer: _____

Date: _____

Phone #: _____

Destinations(s):

Departure Date: _____

Return Date: _____

Departure Time: _____

Return Time: _____

Passenger Name	Type	Title/Position	Account	Payment due from another Source?	Source

Purpose of trip:

Benefit to University:

Insurance/RMI:

Please provide what insurance the chartered flights offer, copy of their Certificate of Insurance, safety record, and loss history reports.

Cost Savings in Lieu of Standard Commercial Travel

Price of individual commercial ticket _____
 x number of passengers _____
 = Total cost of commercial airfare _____ -
 + value of labor savings due to minimizing
 unproductive time: _____ - # employees _____ x average wage _____ /hr x # days _____

Total Cost Savings

- Charter Quote

Savings to University

_____ - _____

OR

Check appropriate Justification box below if no savings available

- Due to time and schedule constraints of employee(s) only reasonable method of transportation is by charter aircraft.
- No commercial service available to destinations/ground transportation not feasible
- Not enough seats available on commercial flights to accommodate group at given travel time.

APPROVALS

Department Head/Dean

Date:

Risk Management and Insurance
Comments from RMI:

Date:

President's office for all charter flights except Athletic
Team Travel and Student Athletic Recruiting

Date:

Athletic Director only for Athletic Team Travel and
Student Athlete Recruiting

Date: