

Contract Number: _____

REQUISITIONING MINISTRY

Name of Requisitioning Ministry: _____

Requisitioning Ministry Representative: Name: _____ Email: _____
Phone: _____ Alt. Phone: _____

User Contact if not Requisitioning Ministry: Name: _____ Phone: _____

Address for Invoicing: _____ Email: _____

CONTRACTOR

Name of Air Carrier: _____

Email: _____ Phone: _____

Aircraft Requirements: Registration: _____ A/C Type: _____

SERVICE REQUESTED

Service Period: Commencing Date: _____ Time: _____ Completion Date: _____ Time: _____

Point of Hire: _____ Point of Release: _____

Description of Services: _____ Speciality: _____

Equipment: _____

See attachments: _____

CHARGES

Tariff Rate (applicable Landing Fees are paid with Tariff Rates): Holding Charges at the following rate: _____

Quoted bid at the following rate: _____

Contract Price not to exceed: _____

	HOLDBACK FROM PAYMENT?
	Yes No

FUEL EXPENSES:

Included As quoted on FA Supplied by Contract at Rate: _____ Fuel supplied by Requisitioning Ministry

ADDITIONAL RELATED CHARGES: _____

TRAVEL STATUS:

Travel expenses not applicable Travel expenses at Ministry Travel Expense Rates Travel expenses at Group 1 Rates

MINIMUMS:

Minimum Guarantee _____ hour(s) per day. Averaged over _____ day(s). Total guaranteed hours (excluding Partials): _____

COMMENTS:**SIGNATURES**

The Contractor agrees with the Aviation Service Request. Signed and delivered on behalf of the Contractor by an authorized representative of the Contractor.

Date: _____
Authorized Signatory

Requisitioning Ministry: Signed and delivered on behalf of the Province by an authorized representative of the Province.

Date: _____
Authorized Requisitioning Ministry Expense Authority

Contract Number: _____

Service Period: _____ Commencing Date: _____ Completion Date: _____

Ministry Contact Name: _____ Email: _____

Phone: _____ Alt. Phone: _____

Emergency Contact: Name: _____ Phone: _____

Name of Air Carrier: _____

Email: _____ Phone: _____

Aircraft Requirements: _____ Registration: _____ A/C Type: _____

Pilot(s) Name: _____ Phone: _____ Name: _____ Phone: _____

MANIFEST

Identified in Personnel Resource Tracking (PRT): YES NO, see following manifest

	Passenger Name	Call Sign	Passenger Weight (lbs)	Cargo Weight (lbs)
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____

Total: _____

Cargo Description: _____ Total Weight: _____

Transport of Dangerous Goods

ITINERARY

Leg	Departure Point	ETD	Destination	ETA	Hold Time	#Passengers
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____

FLIGHT FOLLOWING

Fire Centre: _____ Other: _____

COMMENTS