



FLIGHT RECORD

Region _____
Area _____
No. _____

I. VENDOR NAME: ADDRESS: CONTACT NAME PHONE:	AIRCRAFT / CREW		SOLICITATION		RELEASE	
	MAKE/MODEL		DATE:	TIME:	DATE	TIME:
	REGIS.NO. #N		COST HOURLY:		PT. RELEASED:	
	PILOT NAME		SGL \$ DAILY GUARANTEE:		RELEASED BY: (PRINT NAME)	
PILOT #2		DBL \$				

II. DATE		STATION		FLIGHT TIME			AVAILABILITY				UTILIZATION				INCIDENT / PROJECT INFORMATION			
MO/DAY		FROM	TO	START	STOP	TOTAL	START	STOP	CREW	TOTAL	# PAX	CARGO	GAL R/W	FUEL	CONTRACT REP.	BILLING CODE	FLT CD	
TOTALS						0				0	0	0	0	0	0			

III. UNAVAILABILITY		
START DATE/TIME	STOP DATE/TIME	TOTAL

IV. REMARKS
Enter times after midnight and before 0100 as 24:00 + minutes, i.e. 24:15

V. This record is a true and accurate account to the best of my knowledge (under penalty of perjury)

SIGNATURE: _____

PILOT #1 _____

PILOT #2 _____

STATE REP. _____