Texas Department of Aging
and Disability Services

Form 4183
September 2004-E

Authorization for Use of State Aircraft

Destination(s)			
Departure Date	Approximate Time ☐ am ☐ pm	Return Date	Approximate Time ☐ am ☐ pm

Purpose of Trip (Give a concise statement of duties to be performed.):

Passenger List: (List name of passenger-in-charge first.):

Name (Passenger-in-charge:)	**Dept. ID/Prog. #**	**Office of Division**

Name of Requestor	Date	Telephone No.	Mail Code

Travel Authorized By: _____ Signature -Assistant Commissioner/CFO/COO (or designee) _____ Date

Travel Management Coordination

Aircraft available? …… ☐ Yes ☐ No _____ Signature _____ Date

Executive Approval

_____ Signature–Commissioner (or designee) _____ Date

Comments