

Charter Quote

27244

Travel Consultant: AC

Travel Date(s):

10/15/2025 to 10/15/2025

Prepared For

Pall Spera

NEW POLICY - Wire/funds are due 24 hours after signed contract is received to be considered a confirmed booked trip. Please be advised upon booking the cancellation policy is 100% and non-refundable.

Quoted Itinerary

Date	ETD	Departure City / Airport	Arrival City / Airport	ETA	ETE	Dist	Charge
10/15/2025	11:00 PN	/I Burlington, VT (BTV)	West Palm Beach, FL (PBI)	TBD	TBD	TBD	0
		TBD	TBD				

Subtotals:

0

Aircraft Quoted

Hawker 800 XP

Tail #: TBD

Additional Charges:

\$0.00

Subtotal

\$20,792.56

Tax:

\$1,595.84

Credit

Card Fee:

5% (not calculated)

Total:

\$22,388.40

Note: One-ways are categorized as flights in which passenger legs do not return to their point of origin and are subject to one-way terms and conditions.

Booking & Confirmation instructions:

Please confirm itinerary above by signing this "Charter Quote" form Complete "Credit Card Authorization Form" to include Credit Card Information, Card Holder Name & Card Billing Phone Number, Card Billing Address, Select Payment Option (check one), Signature, Printed Name, Date and Title. Fax completed forms 757.432.1009 or scan and email to flights@blueskyjets.net. A "Trip Information Sheet" will be issued once payment process is authorized and trip is confirmed.

—Docusigned by:

X Pall Spera
Approval Signature

9/5/2025

Date Approved

Page 1/4

above and beyond



REQUEST FOR FUNDS TRANSFER PAYMENT ORDER

Date: 09/16/2025

Cost Center Number: 8164 Cost Center Name: STOWE Employee Name: Merrill, Kristen

Requester Information

Requester Name

PALL D SPERA

Account Title

Account Number 271310305

Transaction Information

Wire Amount \$22,388.40

Wire Type Domestic

Currency USD

Reference Information

Recipient Information

Account Number 9854485414

Account Title & Address BLUE SKY JETS INC

500 S AUSTRALIAN AVENUE SUITE 110

WEST PALM BEACH, FL 33401

Intermediary Bank

Intermediary Bank Routing (ABA) Number (if applicable)

Recipient Bank Name

BANKUNITED, NA

Recipient Bank Routing (ABA)

Number

267090594

By signing below, I hereby acknowledge and agree: (i) that I have carefully reviewed the above information in this Request for Funds Transfer ("Request") and that such information accurately reflects my instructions to M&T to initiate the funds transfer, (ii) to the In-Person Funds Transfer Agreement ("FTA") provided to me (a copy of which I have received), (iii) that if such funds transfer is a Remittance Transfer as defined in the FTA (i.e., a wire transfer requested by a consumer to a recipient in a foreign country), I have received and reviewed the Combined Disclosure/Receipt Disclosure provided to me; and (iv) that I authorize M&T to process the funds transfer in accordance with the instructions set forth in this Request and, if applicable, the Combined Disclosure/Receipt Disclosure.

Print Name of Account Owner/Authorized Signer Signature of Account Owner/Authorized Signer

Title

RET0112193 (DV02.24)