



Giving "Wings" To Those In Need

### MISSION REPORT

Please complete this form to receive reimbursement for MISSION expenses. Please send to the Wings of Mercy Chapter Office IMMEDIATELY AFTER COMPLETING THE MISSION.

Line Number

PIC	Second Pilot
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Mission Date:	Destination:	Other Passengers
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Flight Route :
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Recipient	Mission Coordinator Approval: Treasurer Approval:
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Passengers
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**MISSION FUEL EXPENSES--Please Attach Any Receipts**

Leg 1:

Route	Hours Flown: _____ hrs	Fuel Used: _____ gal @ \$ _____ \$/gal.	\$ _____
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Leg 2:

Route	Hours Flown: _____ hrs	Fuel Used: _____ gal @ \$ _____ \$/gal.	\$ _____
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Leg 3:

Route	Hours Flown: _____ hrs	Fuel Used: _____ gal @ \$ _____ \$/gal.	\$ _____
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Leg 4:

Route	Hours Flown: _____ hrs	Fuel Used: _____ gal @ \$ _____ \$/gal.	\$ _____
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Other Mission Expenses (Attach Supporting Receipts) OR DONATION I AM ABLE TO DONATE ALL <input type="checkbox"/> OR THE FOLLOWING MISSION EXPENSES \$ _____.	\$ _____
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Remarks:	\$ _____
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**TOTAL Reimbursement**

**Send Reimbursement to: (Please print clearly)**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City State Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

I certify that I meet the currency of experience requirements specified in FAR PART 61 relevant to this flight. The aircraft listed above meets the licensing and maintenance requirements of FAR PART 91 which pertain to this flight. I certify that In completing this flight, which was coordinated by Wings of Mercy, I incurred the reimbursable expenses listed above, for which I request payment.

Pilot must sign here >>>	Pilot Signature _____	Date: _____
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Return completed form to: **Wings of Mercy East Michigan, Inc.** Exhibit F--East Michigan Rev. 10/2009  
**Elaine Kramer**  
**3734 Elder Road - South**  
**West Bloomfield, MI 48324**  
**Voice: (248) 310-6400 \* Fax: (248) 360-3922**  
**Elaine.A.Kramer@gmail.com**  
**PROBLEMS RETURNING THIS FORM? CALL CHARLES BINDER AT 989-684-0492 LEAVE A MESSAGE**