



PILOT MISSION REPORT

Please return this form to the GivingFlite office ASAP after mission has been flown. The mission file cannot be closed until such date.

Today's Date _____ Mission # _____

Pilot's Name _____

Patient's Name _____

Other Passenger(s) _____

Mission From (City) _____ To (City) _____

Date Mission Flown _____ Tail Number #N _____

Total Hours Flown _____ Hourly Value of Operating Aircraft \$ _____

Additional Expenses Occurred & Explanation \$ _____

Total Value of Donation \$ _____

Additional Comments:

Pilot's Signature _____

GivingFlite, Inc

P.O. Box 59237, Birmingham, AL 35259

LOCAL: 205-595-8075 OUTSIDE BIRMINGHAM: 866-595-8075 FAX: 205-824-0065