



CAIR FLIGHT INC.  
8595 Montravail Circle, Suite 913  
Tampa, FL 33637

*Pilots & Volunteers Lending a Hand.*

## POST MISSION REPORT FORM

Mission #(s): \_\_\_\_\_ Linked (Y or N): \_\_\_\_\_ Date Flown: \_\_\_\_\_

Passenger(s): \_\_\_\_\_  
\_\_\_\_\_

Itinerary: From: \_\_\_\_\_ To: \_\_\_\_\_ NM: \_\_\_\_\_ Hobbs: \_\_\_\_\_ Gals: \_\_\_\_\_

Reposition Fr: \_\_\_\_\_ To: \_\_\_\_\_ NM: \_\_\_\_\_ Hobbs: \_\_\_\_\_ Gals: \_\_\_\_\_

EST. TOTAL MILES FLOWN: \_\_\_\_\_

PILOT INFO: EST. TOTAL FUEL USED: \_\_\_\_\_

Name: \_\_\_\_\_ Registration: **N-** \_\_\_\_\_

Additional Expenses: \$ \_\_\_\_\_ Desc: \_\_\_\_\_

\$ \_\_\_\_\_ Desc: \_\_\_\_\_ \$ \_\_\_\_\_ Desc: \_\_\_\_\_

\_\_\_\_\_ SubTtl: \_\_\_\_\_

Total Flight Hours: \_\_\_\_\_ **X** Est. Ops Cost/Hr: \$ \_\_\_\_\_ = \$ \_\_\_\_\_ \*

\*Total Value of your donation (Please report Cumulative Total to us at year end, so we can issue appropriate annual letter of recognition). Allowable Incidental expenses require receipts.

Please comment (your words & pax) about the significance of this mission. We'd like to report to our donors who might better appreciate the significance of their own gifts: \_\_\_\_\_

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Please scan/email or post back to us immediately following completion of your mission.

*Charitable Airlift Meeting Medical & Humanitarian Needs*

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