



Please return this form to the Angel Flight Soars office ASAP after mission has been flown. The mission file can not be closed until such date.

Today's Date \_\_\_\_\_ Mission # \_\_\_\_\_

Pilot Name \_\_\_\_\_

Patient Name \_\_\_\_\_

Other Passenger(s) \_\_\_\_\_

Mission From (City) \_\_\_\_\_ To (City) \_\_\_\_\_

Date Mission Flown \_\_\_\_\_ Tail Number #N \_\_\_\_\_

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

Total Miles Flown \_\_\_\_\_

Additional Expenses Incurred & Explanation \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Total Value of Donation \$ \_\_\_\_\_

Additional Comments:

Pilot Signature \_\_\_\_\_ initials: \_\_\_\_\_