

PIC Mission Report

Wings for Children
Flight Division
Post Office Box 1962, 1900 Oak Street
Myrtle Beach, South Carolina 29578-1962
843-448-9294 Fax: 843-448-6445

Mission Date: _____ Departure Time: _____ Return Time:

Crew Information

PIC's Name: _____ Phone No.

Street Address: _____ City, State, Zip:

Co-Pilots Name: _____ Phone No.

Street Address: _____ City, State, Zip:

Aircraft Information

N Number: _____ Make: _____ Model:

Flight Time for Mission: _____ Distance:
_____ NM

Time: VFR _____ Time: IFR:

Aircraft Expenses

Aircraft Owned: _____ Rented: _____ Hourly Rate: \$ _____ If Rented dry,

Total cost paid for fuel: \$ _____ Other expenses: \$ _____, details: _____
_____.

Other Mission expenses:

Purpose _____

Cost \$ _____

Purpose: _____

Cost \$ _____

Mission Information

Passenger(s) Name(s) and/or cargo carried

Brief Mission Description:

This report must be completed and returned to Wings for Children, Flight Division, before you can receive a tax receipt.