



# Fuel Reimbursement Program Post Flight Report

Pilot Identification			
LAST NAME	FIRST NAME	MISSION / FLIGHT #	CODE

Flight Routing and Qualification								
Enter the requested information for each leg flown and indicate with a check mark (✓) in the appropriate check box whether the leg qualifies for reimbursement. <i>Re-enter qualifying miles.</i>								
LEG #	AIRPORT IDENTIFIERS		<input type="checkbox"/> Hobbs hours <input type="checkbox"/> Tach hours	DISTANCE	LEG QUALIFIES FOR FUEL REIMBURSEMENT			
	DEPARTED	ARRIVED	LEG HOURS	NM	NO	YES	QUALIFYING NM	OFFICE USE
1					<input type="checkbox"/>	<input type="checkbox"/>		
2					<input type="checkbox"/>	<input type="checkbox"/>		
3					<input type="checkbox"/>	<input type="checkbox"/>		
4					<input type="checkbox"/>	<input type="checkbox"/>		
5					<input type="checkbox"/>	<input type="checkbox"/>		
6					<input type="checkbox"/>	<input type="checkbox"/>		
7					<input type="checkbox"/>	<input type="checkbox"/>		
8					<input type="checkbox"/>	<input type="checkbox"/>		
9					<input type="checkbox"/>	<input type="checkbox"/>		
<b>TOTALS →</b>								
SIGNATURE							DATE	

Other Flight Information	
PILOT NAME	CO-PILOT / MISSION ASSISTANT NAME
CLIENT / PASSENGER #1 NAME	CLIENT / PASSENGER #2 NAME
CLIENT / PASSENGER #3 NAME	CLIENT / PASSENGER #4 NAME
COMMENTS	

Upon completion of flight, either fax this form to **352-326-9360** or e-Mail to [info@mercyemail.com](mailto:info@mercyemail.com)