

Mission Sortie Finance – Short Form	
Mission Number:	Mission Symbol:
WMIRS Sortie Numbers:	
Date of Sortie (if other than date on receipt):	
Contact, Pilot or Driver's Name:	
Contact, Pilot or Driver's Phone:	
Contact, Pilot or Driver's e-Mail:	
Type of Aircraft or Veh. Make & Model: Corporate Owned: <input type="checkbox"/> Member Owned: <input type="checkbox"/>	
A/C Hobbs Hours Or Veh. Miles:	
Reimburse to: Unit: <input type="checkbox"/> Member: <input type="checkbox"/> Vendor: <input type="checkbox"/> Wing Credit Card: <input type="checkbox"/>	
IF Member - CAPID: <b>OR</b> IF Unit - Number:	
Name if other than Contact/Pilot/Driver:	
Member Street Address:	
Member City, State, Zip:	
Remarks (attach sheets if necessary):	
108 Task Force Use Only:	Finance Use Only:
Reimburse Claimant \$	Account:
Signed:	Class:

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Contact, Pilot or Driver's e-Mail:	
Type of Aircraft or Veh. Make & Model:	
Corporate Owned: <input type="checkbox"/> Member Owned: <input type="checkbox"/>	
A/C Hobbs Hours Or Veh. Miles:	
Reimburse to: Unit: <input type="checkbox"/> Member: <input type="checkbox"/> Vendor: <input type="checkbox"/> Wing Credit Card: <input type="checkbox"/>	
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