

Mission Sortie Finance

Claimant Information: Reimburse to (mark only one selection):

Squadron MN _____ or Member CAPID _____ or Vendor or Wing Credit Card

Reimburse to

(Name): _____

Sortie Date: _____

(Please Print)

Attach Mailing Label: _____

Mission Number: _____

Or Address: _____

WMIRS Entry Nbr: _____

City: _____

Telephone Nbr: _____

State, Zip: _____

e-mail: _____

Aircraft information:

Air Sortie Number: _____

Aircraft number: _____

Aircraft type: _____

Hobbs Time

Line

Stop: _____

1

Start: _____

2

Hobbs Hours: _____

3

Line 3 = line 1 – line 2

Mission Symbol: _____

7

Fuel used (gals): _____

Gals.

8

Oil used (qts): _____

Qts.

9

Departure Airport: _____

10

Destination Airport: _____

11

Assigned Area: _____

12

Tach Time

Line

Stop: _____

4

Start: _____

5

Tach Hours: _____

6

Line 6 = line 4 – line 5

Fuel cost: **\$** _____

13

Oil cost: **\$** _____

14

Total Costs: **\$** _____

15

Pilot: _____

16

IP/Observer: _____

17

Scanner: _____

18

Vehicle Information:

Ground Sortie Number: _____

Vehicle Make/Model: _____

19

Vehicle ID/License: _____

23

Hours in Sortie: _____

20

Miles Driven: _____

24

of personnel: _____

21

Gallons of Fuel: _____

25

Driver: _____

22

Fuel Cost: **\$** _____

26

Miscellaneous Information:

\$

27

Comments, Remarks, and Explanation of Miscellaneous Costs*

28

*Lodging, Per Diem and Other costs require pre approval (Use back of form for additional explanation)

Please e-mail, fax or mail this COMPLETED form, with receipts, to Minnesota Wing. If there is more than one WMIRS sortie for a fueling **and the Hobbs time is consecutive**, a single cumulative 10v may be submitted for the sorties.

Mail:

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