



**PILOT POST-MISSION REPORT FORM**

**MISSION HOTLINE**  
(800) 276-0300

**WEB SITE**  
www.VitalFlight.org

Please return this form to the Vital Flight office as soon as possible after the mission has been flown. Our mission files can't be closed until after we receive the pilot's report. Please file by fax to: 800-278-2300 or email info@vitalflight.org.

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

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

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

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

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

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

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

Additional Expenses Occurred & Explanation \$\_\_\_\_\_

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

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

Additional Comments:

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

Pilot Signature \_\_\_\_\_

***"Our Passion is Flying.... Our Mission – Helping People"***