

Pilot Name: _____

Address:

Phone: _____

Angel Flight Northeast Fuel Reimbursement Program Statement

DATE: _____

TO:

Angel Flight Northeast
492 Sutton Street
North Andover, MA 01845
Email: pilots@angelflightne.org
Fax: 978-794-8779

FOR:

**GENERAL FUND
Fuel Reimbursement Program**

DESCRIPTION	
<p>Fuel Reimbursement for flight #</p> <p>GALLONS 100 LL USED:</p> <p>AFNE will pay for fuel used conducting a mission: Up to \$5.50 per gallon. We will make arrangements with jet fuel users.</p> <p>Attach Fuel Receipt for Payment</p>	
TOTAL PAYABLE	

Accounting Department,

Please reimburse listed pilot for the amount shown for fuel cost associated with volunteer flights. **Funds will come from the General Fund account.**

Approved by: Pilot Coordinator