

HILLSBORO FLYING CLUB FUELING REIMBURSEMENT FORM

Rev. 8/17/04

NOTE: Please submit documents showing *Date & Applicable Aircraft, Gallons Purchased, Location/Airport* and *Total Cost of Each Fueling* (including all applicable taxes and pumpage costs). For those fueling locations/FBO's w/o receipts, generate/submit your own.

MEMBER: _____

CLUB ACCT # _____

Do you want your receipts returned to you?
(If unanswered, "No" is assumed.)

Yes

No

DATE	AIRCRAFT	FUEL (Gallons)	AIRPORT	FUEL COSTS - <small>(Including Fuel related Charges)</small>
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
TOTALS:				\$

Club Calculations:	Maximum Club Reimbursement Credit: Member Responsibility:	\$ \$
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Attach documentation with this form & submit to:



Shannon Miller, Treasurer
12363 NW Jackson Quarry Rd.
Hillsboro, OR 97124-8121