Nevada Wing Civil Air Patrol
Worksheet 173-1 Member-Paid Flight

Aircraft: **N-**	A/C Model:	Date of Flight:
Last Name, First Name:	CAPID:	Member's Unit #:
Mission/Sortie #:	Flight Release #:	Duration of Flight:
Billing Rate (Check one Box): ☐ Standard ☐ Discounted	Wet Rate for A/C (highlight it) C172 C182 C206 GA8 $94.00 $107.00 $164.00 $170.00 $58.00 $64.00 $93.00 $98.00	Total Cost (rate x duration): $
Payment by (Check one Box): ☐ Check #_____ ☐ Cash ☐ ***Squadron Paid**	Fuel purchased with (check one box): ☐ Wing Credit Card (attach original receipt) ☐ Personal Funds (submit NVCAPW 173-3) ☐ No Fuel Purchased	
Pilot's Signature:		Phone Number:
***Member's flying authorized to be paid by other than the member is approved by:** _____ Commander or Operations Officer		Date Authorized: