



Sky Pilot Report Page

BEFORE FILLING OUT THIS FORM-PLEASE NOTE:
Report only the events that you were involved in as a Sky Pilot.
Your church activities, unless veteran related,
should not be listed on this report.
List them on the community services report,
which the Grand Sky Pilot does not receive.

REPORTING SKYPILOT'S INFORMATION

Sky Pilot Name:

E-mail Address:

From Date:

To Date:

State/Grand:

Pup Tent #:

Telephone #:

REPORT DETAILS VISITS

of Hospital/Hospice Visits:

Mileage:

Hours:

Unreimbursed Expenses:

of Home/Nursing Home Visits:

Mileage:

Hours:

Unreimbursed Expenses:

FUNERALS/CEREMONIES/RITUALS

of Funerals/Memorials:

Mileage:

Hours:

Unreimbursed Expenses:

Rituals & Other Sky Pilot Services:

Mileage:

Hours:

Unreimbursed Expenses:

Charters Draped:

Mileage:

Hours:

Unreimbursed Expenses:

CARDS SENT

Get Well Cards:

of Sympathy Cards:

of Thinking of You Cards:

of Other Cards:

Total Cards Sent :

Unreimbursed Expenses:

GRAND TOTALS

Total Visits/Services:

Total Hours:

Total Miles:

Total Unreimbursed Expenses:

Comments: