

NATIONAL INTERCOLLEGIATE FLYING ASSOCIATION



Send To:

NIFA, Inc.
P. O. Box 15081
Monroe, LA 71207

CHARITABLE CONTRIBUTION FORM

FOR USE IN ACCUMULATING TAX DEDUCTIBLE EXPENSES INCURRED IN CONNECTION WITH SERVICES PROVIDED THE NATIONAL INTERCOLLEGIATE FLYING ASSOCIATION, A 501(C)3, NOT-FOR-PROFIT ORGANIZATION.

NAME: _____

PHONE: (____) _____

ADDRESS: _____

DATE OF TRIP: From ____/____/____

To ____/____/____

PURPOSE OF TRIP: _____ (specify SAFECON or meeting)

DEPARTED FROM: _____ DESTINATION: _____

TRAVEL EXPENSE:

TRANSPORTATION:

PERSONAL VEHICLE: _____ miles at \$0.14 per mile \$ _____

* RENTAL CAR: \$ _____

* AIR FARE: \$ _____

* OTHER: \$ _____

* PARKING: \$ _____

* TOLLS: \$ _____

Attach PHOTOCOPIES ONLY of Your Receipts

TOTAL TRANSPORTATION \$ _____

PER DIEM: [itemize on back]

* FOOD: \$ _____

* LODGING: \$ _____

* OTHER: \$ _____

Attach PHOTOCOPIES ONLY of Your Receipts

TOTAL PER DIEM \$ _____

Signature: _____

DATE: ____/____/____

Income Tax Regulation S. 170-1(g) states that unreimbursed expenditures made incident to the rendition of services to an organization, contributions to which are deductible, may constitute a tax deductible contribution, as may out-of-pocket transportation expenses and reasonable expenditures for meals and lodging necessarily incurred while away from home in the course of performing donated services.

Verification

The above named individual incurred expenses in the amount of \$ _____ at the request of The National Intercollegiate Flying Association for which he/she was not reimbursed by NIFA, Inc..

DATE: ____/____/____

Gary A. Hemphill, Executive Director

DATE: ____/____/____

LODGING (including tax): \$ _____

FOOD: \$ _____

OTHER:

_____ \$ _____

DAILY TOTAL: \$ _____

DATE: ____/____/____

LODGING (including tax): \$ _____

FOOD: \$ _____

OTHER:

_____ \$ _____

DAILY TOTAL: \$ _____

DATE: ____/____/____

LODGING (including tax): \$ _____

FOOD: \$ _____

OTHER:

_____ \$ _____

DAILY TOTAL: \$ _____

DATE: ____/____/____

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LODGING (including tax): \$ _____

FOOD: \$ _____

OTHER:

_____ \$ _____

DAILY TOTAL: \$ _____

DATE: ____/____/____

LODGING (including tax): \$ _____

FOOD: \$ _____

OTHER:

_____ \$ _____

DAILY TOTAL: \$ _____