



Los Medicos Voladores
Flying Doctors – Reno Chapter
Pamela Mayhew
1932 Borda Way
Gardnerville, NV 89410

Non-Pilot Request for Per Diem Allowance for LMV Trip Food and Lodging

Name:
(Please print)

Date of request:

Date of Trip:

Trip Location:

Please choose one of the following options:

-
1. I hereby request per diem allowance of \$25.00 /day for ____ days for a total of \$_____ for trip food and lodging

Signature

Please mail check to the following address:

OR

2. I choose to donate my reimbursement of \$_____ to the Reno Chapter of Los Medicos Voladores.

Signature

Rvs.10/10psm