

## **Flight Request and Subsidy Application**

☐ Original: Applicant
☐ Copy: Base
☐ Copy: Subsidy File
□ Subsidy entered

in Wingman

MAF Subsidies are offered from donated funds to assist approved churches/missions in their ministry, according to MAF guidelines.

**IMPORTANT:** Passengers must bring this form when they travel. Diego PEAD these instructions FIRST: Subsidia connect he used for another data nerson or reason!

Please READ lilese ilistractions riks i.	Subsiay cannot be usea for and	otner aate, person or reason!			
L) Complete <u>all</u> details in neat writing or typed.	Contact Person Travelling to Complete: Authorising Person* to Complete:				
At least 4 weeks in advance deliver the completed form to a MAF Base or email to <a href="mailto:png.bookings@mafint.org">png.bookings@mafint.org</a> .  3) We will send the form back with <b>subsidy details</b> included	Church / Mission	Authorising Person Name * & Position/Title			
<ul><li>and MAF stamp if your Subsidy request is approved.</li><li>4) Show the original when paying for tickets, but keep this form for your flight.</li></ul>	Passenger Name & Position/Title	Contact Details (Mobile/Email etc)			
Your flight is scheduled for: f you are unable to make this date, contact MAFBOC by:	Contact Details (Mobile/Email etc)	Signature of Authorising Person *			
phone (no text) 7373 9999, WhatsApp 7011 5657, or email - <a href="mailto:png.bookings@mafint.org">png.bookings@mafint.org</a> ,	Signature of Passenger	Church/Mission Official Stamp:			
Make payment with MAF by:	Date of request  We would love to receive a	*No self-authorisation allowed! report of the benefit of the subsidy to you and your ministry	·!		

_	Requested Travel Date RANGE	Passenger Name or Freight Details	Passenger role/job or Age of Child	Weight Body + cargo	From	То	Who pays	Reason for travel must be stated	% subsidy approved
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A quotation will be attached to the approved subsidy form showing the fares. Please fill out a separate form, for each quotation required.

FOR MAF USE ONLY	MAF stamp of approval:		
MAF Authorizing			
Signature:			
Authorizing Name/Initial:	Date:	Wingman PG#:	