

Flight Request and Subsidy Application

 Original: Applicant
Copy: Base
Copy: Subsidy File
Subsidy entered into Wingman

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

Please READ these instructions FIRST:

- 1) Complete <u>all</u> details in neat writing or typed.
- 2) Post, fax or email at least 4 weeks in advance to

MAF Subsidy Bookings Team PO Box 273, Mount Hagen, WHP 281 Fax: +675 7373 9972 E-Mail: **png.bookings@mafint.org**

- We will send the form back with subsidy details included and MAF stamp if your Subsidy request is approved.
 This does not confirm the flight for the date requested!
- 4) <u>Check</u> you can fly on the date requested by phone or in person and make payment with the MAF base in:

by _____(date) If you fail to make payment by this date, your booking and this approval for subsidy will be cancelled.

5) Show the original when paying for tickets, but keep this form for your flight (photocopies not accepted).

IMPORTANT : Passengers must bring this form when they travel.
Subsidy cannot be used for another date, person or reason!

Passenger Travelling to Complete: Authorising Person* to Complete: Church / Mission **Authorising Person** * Name & **Position/Title Passenger Name Contact Details** (Mobile/Email etc) & Position/Title **Contact Details** Signature of (Mobile/Email **Authorising Person** etc) **Church/Mission Official Stamp:** Signature of Passenger Date of request *No self-authorisation allowed! We would love to receive a report of the benefit of the subsidy to you and your ministry!

									MAF Office to complete		
ST	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	SUBSIDY MAF pays	Amount FARE You pay
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FOR MAF USE ONLY	MAF stamp of approval:					
Subsidy Bookings						
Team signature:	Not valid unless original stamped by MAF					
Date approved:	Reference No:					