

NATIONAL INTERCOLLEGIATE FLYING ASSOCIATION



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.

Send To: NIFA, Inc.
PO Box 21347
Chattanooga, TN 37424
(423) 236-5100

NAME: _____

PHONE: (____) _____

ADDRESS: _____

DATE OF TRIP: From ____/____/____

To ____/____/____

PURPOSE OF TRIP: _____ (specify SAFECON or meeting attended)

DEPARTED FROM: _____ DESTINATION: _____

TRAVEL EXPENSE:

TRANSPORTATION: _____ PERSONAL VEHICLE: _____ miles at \$ 0.140 per mile \$ _____

* RENTAL CAR: \$ _____

Attach **PHOTOCOPIES ONLY** of Your Receipts

* AIR FARE: \$ _____

* OTHER: \$ _____

* PARKING: \$ _____

* TOLLS: \$ _____

TOTAL TRANSPORTATION \$ _____

PER DIEM: [itemize on back]

* FOOD: \$ _____

* LODGING: \$ _____

Attach **PHOTOCOPIES ONLY** of Your Receipts

* OTHER: \$ _____

TOTAL PER DIEM \$ _____

TOTAL TRANSPORTATION & PER DIEM \$ _____

Signature: _____

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..

Taylor Newman
Executive Director

DATE: ____/____/____

DATE: ____/____/____ LODGING (including tax): \$ _____ FOOD: \$ _____ OTHER: _____ _____ _____ _____ _____ \$ _____ DAILY TOTAL: \$ _____	DATE: ____/____/____ LODGING (including tax): \$ _____ FOOD: \$ _____ OTHER: _____ _____ _____ _____ _____ \$ _____ DAILY TOTAL: \$ _____	DATE: ____/____/____ LODGING (including tax): \$ _____ FOOD: \$ _____ OTHER: _____ _____ _____ _____ _____ \$ _____ DAILY TOTAL: \$ _____
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