Indiana Wing

Mission Telephone Log

Name:		**CAP ID:**		**Unit #:**	

Mission #:		**Mission Date:**		**IC:**	

Date/Time	**Call To**	**Subject**	**Length of Call**	**Cost Per Minute**	**Total**
				Total Charges	

I certify that the amounts claimed were paid from my personal funds for participation in the above USAF authorized mission and the phone charges are based on by current price per minute charge.

_____ _____

Signature Date

INWG Form 61

JAN 03