

AQD-23E Aviation Use Report Electronic with Calculation (08/2025) 5-Page Form AUR Number

Vendor/Company	Contract #	Task Order #	Item #	N#	Make/Model	PIC Pilot
Invoice Start Date	Invoice End Date		Hired Date	Hired Time	Release Date	Release Time
Vendor Signature: The following record of services provided is correct. 			Gov Rep Signature: The following record of services provided were received. 			Agency
						Phone
Name (print)	Date		Name (print)			Date
						Email

NonFleet TIME Based Charges

Date	Pay Item Code	Start	Stop	Elapsed Time	Rate	Total	From	To	# of PAX	Cargo Payload	Mission Code	Billee Code	Charge Code	Fire

NonFleet FEE Based Charges

Date	Pay Item Code	Quantity	Rate	Total	City	State	Billee Code	Charge Code	Fire

Remarks	Page Total \$:	Page #:
	Overall Total \$:	Total # of Pages:

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