Guide Service_____ Authorization ID_____ Date_____

Operating Year_____

	1 CLIENT LAST NAME/ DESTINATION/ TYPE OF SERVICE	2 PERIOD OF USE From/To*	3 # OF DAYS	4 # CLIENTS	5 TOTAL CLIENT DAYS Col.3 x Col.4	6 NFS CLIENT DAYS**	7 REVENUE PER CLIENT	8 DONATED TRIPS Yes of No ***	9 GROSS REVENUE Col.4 x Col.7	10 % OF SERVICE DAYS OR HOURS ON NF LAND	11 # OTHERS/ EMPLOYEES not included in Col. 5 Calc.	12 # & TYPE OF STOCK
1												
2												
3												
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6												
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8												
9												
10												
11												
	Totals											

See Reverse for Continuation Sheet For definitions see attached Definition Sheet'

* Break out different fees paid on the same trip by clients, eg . 10/1-10/10 6 clients @ $1000.00 each, 10/1-10/10 5 clients @ $500.00 each, 10/1 - 10/10 5 others ***)

** Complete this column if the # of NFS Client Days are different from the # of Total Client Days.

*** **Donated Trips:**

Trip # or Type	Period of Use	Value of Trip	Revenue and/or Value of Goods/Services Received by Outfitter	Donated Amount	Organization Donated To	Purpose (optional)

Forest Stewardship Activities

Activity	Date	# of Participants	Man Hours

Activity	Date	# of Participants	Man Hours

I certify the information given on this sheet is a complete and accurate summary of my operations:

Signature:_____ Date: _____

OUTFITTER

Permitted Service Days: _____ Approved Service Days: _____ Actual Service Days: _____

Approved by: _____ Date: _____

AGENCY REPRESENTATIVE

(Revised 2/96)

Continuation Sheet

	1 CLIENT LAST NAME/ DESTINATION/ TYPE OF SERVICE	2 PERIOD OF USE From/To*	3 # OF DAYS	4 # CLIENTS	5 TOTAL CLIENT DAYS Col.3 x Col.4	6 NFS CLIENT DAYS**	7 REVENUE PER CLIENT	8 DONATED TRIPS Yes of No ***	9 GROSS REVENUE Col.4 x Col.7	10 % OF SERVICE DAYS OR HOURS ON NF LAND	11 # OTHERS/ EMPLOYEES not included in Col. 5 Calc.	12 # & TYPE OF STOCK
1												
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Guide Service_____ Authorization ID_____ Date_____

Operating Year_____

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