

APPENDIX E
Actual Use Report
Outfitter/Guides
Gila National Forest

Name of
Permit Holder: _____

Period Covered: _____

Date *	Specific Area Visited	District	Number of Clients Served	Number of Service Days (Days on NFS Lands)	Number of Days off NFS Lands	Client Days	Gross Revenue
TOTALS							

Total Gross Revenue: _____