1 TRIP TYPE &/or CAMP LOCATION Include all services provided	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 TRIP Yes or No ***	9 GROSS REVENUE Col.4 x Col.7	10 % OF SERVICE DAYS OR HOURS ON NF LAND	11 # OTHERS/ EMPLOYEES Not in Col.5 calc.	12 # & TYPE OF STOCK
__1											
__2											
__3											
__4											
__5											
__6											
__7											
__8											
__9											
__0											
__1											
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Continuation Sheet (Revised 2/97)