

# ESTIMATED OR ACTUAL USE (Circle which) ANNUAL ITINERARY FOR \_\_\_\_\_ (Year)

OUTFITTER \_\_\_\_\_ For the Period Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Any use in excess of your approved Annual Itinerary must be submitted for approval prior to use and will be billed according to your permit.

ASSIGNED SITE NAMES 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 8 \_\_\_\_\_

1 TRIP TYPE %/or CAMP LOCATION <small>Include all services provided</small>	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
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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 Q \$500.00 each, 10/1 - 10/10 5 others (no revenue, no service days)

\*\* 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)

I am requesting \_\_\_\_\_ priority use service days be approved for non-use.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
OUTFITTER

**District:** Deny or permit additional use (via amendment), if itinerary exceeds permitted use: Permitted Service Days: \_\_\_\_\_ Proposed Service Days: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
AGENCY REPRESENTATIVE

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