Gui	de Service	Authorization ID							Date				
										0	perating Year		
	1 CLIENT LAST NAME/ DESTINATION/ Type of service	PERIOD OF USE From/To*	# 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	# OTHERS/ EMPLOYEES not included in Col. 5 Calc.	# & TYP OF STOCK	
1					COLUMN COLUMN				201.7	Em	Con 5 cure.		
2													
3													
4													
5													
6													
7 8													
9													
10													
11													
	Totals												
	* Break out different fees par ** Complete this column if the # *** Donated Trips:			ients, eg . 10		nts @ \$1000.		-10/10 5 clier	nts @ \$500.00	each, 10/1 - 10/10 5	others ***)		
	Trip # or Type	Period of Use	Value of Trip	Revenue and/or Value of Goods/Serv Received by Outfitter			Donated Amount	Organization Donated To		Purpose (optional)		-	
	I certify the information give	n on this she	et is a com	plete and acc	curate summary	of my operat	tions:					1	
	Signature:				Date:								
		OUTFITTE	R										
	Permitted Service Days:		Approved S	Service Days:		Actua	al Service Days	::					
	Approved by:					Date:							
		AGENCY F	REPRESEN	NTATIVE							(Revised 2/96))	

Date

Gui	de Service	Authorization ID								Date			
										Operating Year			
	Continuation Sheet												
	1	2	3	4	5	6	7	8	9	10	11	12	
	CLIENT LAST NAME/	PERIOD	# OF	44	TOTAL CLIENT	NFS	REVENUE	DONATED TRIPS	GROSS REVENUE	% OF SERVICE DAYS OR	# OTHERS/ EMPLOYEES	# & TYPE	
	DESTINATION/	OF USE	DAYS	# CLIENTS	DAYS	CLIENT	PER	Yes of No	Col.4 x	HOURS ON NF	not included in	OF	
	Type of service	From/To*			Col.3 x Col.4	DAYS**	CLIENT	***	Col.7	LAND	Col. 5 Calc.	STOCK	
1													
2													
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23													
24													
	Totals												