





## GRAZING USE AND FEES 20\_\_\_\_\_

(Please indicate one of the following:)

Estimated \_\_\_\_ Actual \_\_\_\_\_

Camp/Grazing Location	Period of Use From _____ to _____	Total Days of Grazing	# of Animals	# HM's (agency use)
	to			
	to			
	to			
	to			
	to			
	to			
	to			
	to			
	to			
	to			
	to			
	to			
	to			
	to			
	to			

\*Factor # days grazed divided by 30 days per month = factor x number of animals grazed = number of head months per trip.

**OUTFITTER:** \_\_\_\_\_

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

Grazing Fee/HM \$ \_\_\_\_\_ x total # HM's \_\_\_\_\_ = Fee Due \$ \_\_\_\_\_  
**(No credits or refunds for grazing fees allowed)**

**Conditions of Approval in addition to operating plan:**

\_\_\_\_\_

\_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_