Chapter Name _____

Project Leader _____

Agency Contact Person_____

Year _____

Backcountry Horsemen Of Montana Volunteer Hours Report

Revised February 2009

Project Location & Description

	Project Information			Work Hours		Community Service				Miles		Equipment			Stock Use			Donation
Volunteer Name or Individual Project Location	Activity Date	Agency Code	District	Basic Work	Skilled Work	Educ. LNT	Public Meeting	Admin Service	Travel Time	Vehicle Miles	Stock Hauling	Power Equip	Heavy Equip	Hourly Rate	Stock Used	Stock Hours	Stock Days	Dollar Amount
				0	0	0	0	0	0	0	0	0	0		0	0	0	0

A. USFS
B. State DNR
C. State Parks & Hwys
D. National Parks
E. Education
F. Dept. Fish & Wildlife
G. Other
L. LNT
M. BLM
N. US Fish & Wildlife
O. US COE
R. Rendezvous
T. Timber, Private
W. County

Other Information: