Chapter Name_____

Project Leader_____

Agency Contact Person_____

Year_____

Backcountry Horsemen of Montana Volunteer Hours Report

Project Location and Description

	Project Information			Work Hours		Community Service				Miles		Equipment Hours			Stock Use			Donations
Volunteer Name or 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	Hours Used	Days Used	or cargo
Totals																		

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 & Widlife
O. US COE
R. Rendezvous
T. Timber, Private
W. County

Other Information:

Revised January 2005