



Trail Setup/Take Down Form

Date: __/__/__ Trail _____

	Miles Driven
Vehicles Used: _____	_____
_____	_____
_____	_____

	Miles Driven
ATVs Used: _____	_____
_____	_____
_____	_____

	Hours
Volunteers: _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Trail Notes/Special Concerns _____

----- Detach below and turn into treasurer -----

Mileage Reimbursement request:

Name: _____

Number of Miles: _____

Other Expenses: _____ \$ _____