

PFBC INSTRUCTOR TIME AND ACTIVITY REPORT

*See IRP Information Sheet for Point Information

Name: _____

Instructor Number: _____

Signature: _____

Date Submitted: _____

Program Date	Location	Program Description	Program Time	Prep Time	Mileage	Number of Participants	Program* Points	Total Points
Totals								

Please complete the information in each column for every program/activity. Keeping good records helps us track your activities and the number of people reached to receive federal reimbursement monies for certain programs conducted. Please return the completed form to your Regional Education & Outreach Coordinator.

Regional Education & Outreach Coordinator Signature: _____

Date: _____