

2475 Village Lane, Suite 302
Billings, MT 59102
www.rmhn.org



PH 406. 238. 6066
FX 406. 238. 6068
TF 866. 275. RMHN

Outreach Activity Log

Name: _____

Group Practice: _____

Travel Date	Location	Activity/Education	Educational Time	Total Time

Form must be submitted on a quarterly basis - 20% of time must be spent on non-billable program related activities, per location.

Please email, fax or send completed form to:

Rocky Mountain Health Network
Attn: Outreach Travel Program
2475 Village Lane, Suite 302
Billings, MT 59102
(406) 238-6068, cross@rmhn.org