MONTHLY COVERAGE PLAN

MONTH: _____ **WEEK:** 1 ○ 2 ○ 3 ○ 4 ○ **COVERAGE DATE:** _____

AREA SECRETARY: _____ **AREA:** _____

MONDAY DATE: _____		TUESDAY DATE: _____		WEDNESDAY DATE: _____		THURSDAY DATE: _____		FRIDAY DATE: _____		SATURDAY DATE: _____	
COVERAGE PLAN	**REMARKS**	**COVERAGE PLAN**	**REMARKS**	**COVERAGE PLAN**	**REMARKS**	**COVERAGE PLAN**	**REMARKS**	**COVERAGE PLAN**	**REMARKS**	**COVERAGE PLAN**	**REMARKS**

_____ _____ _____ _____

AREA SECRETARY **COLLECTION OFFICER** **CREDIT & COLLECTION MANAGER** **GENERAL MANAGER**