## **MONTHLY COVERAGE PLAN**

MONTH <u>AUG., 2024</u>	WEEK: $\bigcirc 1 \bigcirc 2 \bigcirc 3 \bigcirc 4 \bigcirc 5$	COVERAGE DATE: <u>AUG. 5-10, 2024</u>
AREA SECRETARY: <u>Josie Dela Cruz</u>		AREA: Mindoro whse.

MONDAY DATE <u>:8/5/24</u>		TUESDAY DATE <u>:8/6/24</u>		WEDNESDAY DATE: 8/7/24		THURSDAY DATE <u>:</u> 8/8/24		FRIDAY DATE: 8/9/24		SATURDAY DATE:8/10/24	
COVERAGE PLAN	REMARKS	COVERAGE PLAN	REMARKS	COVERAGE PLAN	REMARKS	COVERAGE PLAN	REMARKS	COVERAGE PLAN	REMARKS	COVERAG E PLAN	REMARKS
Calls at least 1-3 customers	Customers call:	Calls at least 1-3 customers;	Customers call:	Calls at least 1-3 customers	Customers call:	Calls at least 1-3 customers	Customers call:		Customers call:	Calls at least 1-3 customers	Customers cal
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AREA SECRETARY COLLECTION OFFICER CREDIT AND COLLECTION MANAGER GENERAL MANAGER