MONTHLY COVERAGE PLAN

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

MONDAY DATE <u>:8/5/24</u>		TUESDAY DATE <u>:8/6/24</u>		WEDNESDAY DATE: <u>8/7/24</u>		THURSDAY DATE <u>: 8/8/24</u>		FRIDAY DATE: <u>8/9/24</u>		SATURDAY DATE:8/10/24	
COVERAGE PLAN	REMARKS	COVERAGE PLAN	REMARKS	COVERAGE PLAN	REMARKS	COVERAGE PLAN	REMARKS	COVERAGE PLAN	REMARKS	COVERAG E PLAN	REMARKS
OTHER TRANSACTIO N		OTHER TRANSACTIO N		COLLECTION MR HARDWA RE	ON	TRANSACTION	>DISTRUBU TE LETTER(AFF ILIATES ACCOUNT & NO CASH POLICY AND BANK DETIAL FOR PAYMENT OF COMPANY)	TRANSACTION	NO TRANSACTI ON		NO TRANSACTIC N

Joela Com

AREA SECRETARY COLLECTION OFFICER CREDIT AND COLLECTION MANAGER GENERAL MANAGER