## **MONTHLY COVERAGE PLAN**

MONTH_AUG., 2024	WEEK: $\bigcirc 1 \bigcirc 2 \bigcirc 3 \bigcirc 4 \bigcirc 5$	COVERAGE DATE: <u>AUG. 12-17, 2024</u>
AREA SECRETARY: <u>Josie Dela Cruz</u>		AREA: Mindoro whse.

MONDAY DATE <u>:8/12/24</u>		TUESDAY DATE <u>:8/13/24</u>		WEDNESDAY DATE: <u>8/14/24</u>		THURSDAY DATE <u>: 8/15/24</u>		FRIDAY DATE: <u>8/16/24</u>		SATURDAY DATE: <u>8/17/24</u>	
COVERAGE PLAN	REMARKS	COVERAGE PLAN	REMARKS	COVERAGE PLAN	REMARKS	COVERAGE PLAN	REMARKS	COVERAGE PLAN	REMARKS	COVERAG E PLAN	REMARKS
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AREA SECRETARY COLLECTION OFFICER CREDIT AND COLLECTION MANAGER GENERAL MANAGER