

DAILY PLANNING SCHEDULE

SERVICE AND SALES

(NAME) _____ DAY OF WEEK _____ D P # _____ MONTH _____ (OFFICE) _____

/ /

CUSTOMER NAME AND ADDRESS (ACTUAL LOCATION)	PHONE #	TIME	TYPE SERVICE / \$ AMOUNT	SERVICE COMPLETED	
				YES	NO
		7:30			
		8:00			
		8:30			
		9:00			
		9:30			
		10:00			
		10:30			
		11:00			
		11:30			
		12:00			
		12:30			
		1:00			
		1:30			
		2:00			
		2:30			
		3:00			
		3:30			
		4:00			
		4:30			
		5:00			
		5:30			