

Name _____

				store #										
				adress										
DAY	DATE	START TIME	END TIME		# OF STOPS	# OF STOPS	# OF STOPS	# OF STOPS	# OF STOPS	# OF STOPS	# OF STOPS	# OF STOPS	# OF STOPS	# OF STOPS
				completed										
				no one home										
				return trip to store										
				total										
				completed										
				no one home										
				return trip to store										
				total										
				completed										
				no one home										
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				total										
				completed										
				no one home										
				return trip to store										
				total										

Fax or email this form to me on the 7th, 14th, 21st & 28th of every month. If you do not work on that day, send on the day before - DO NOT BE LATE

FAX - 530-676-1912 EMAIL pcl72@yahoo.com

COMPLETED:	Delivery made, signature obtained, money collected if needed
NO ONE HOME:	Delivery attempted, no one home, delivery returned to store
RETURN TRIP TO STORE:	Count each time you return to the store, not including the initial pickup
TOTAL:	Total of the above three entries - this must be the same number listed on your daily route sheet