

Distribution Daily Report



Today's Date: _____

Edition:(circle one) PG SoMD AAC MC ALEX-SPR ARL-FFX PWC LOUD Other _____

Route/area: _____

Record the number of offices/sites delivered to today: (Use a BLUE pen to mark over the shaded area.)

Current Customers **18^s**  **36^s**  _____
total

Other Doctors/Medical/Dental/Chiropractic/Walk-in Clinics/etc. (10-20 / WAITING RM DEPENDING ON SIZE)*
1^s  **5^s**  _____
total

9^s  _____
total



18^s  _____
total

Restaurants, Coffee Shops, Deli's, Carry Outs, etc. (9 PER LOCATION)  _____
total

Hair Salons, Beauty, Nails etc (9 PER LOCATION)  _____
total

Dry Cleaners (9 PER LOCATION)  _____
total

Automotive Repair Waiting Rooms (9 PER LOCATION)  _____
total

Hospitals (emerg. rms)	Nursing Homes	Libraries	Senior Ctrs	Gyms	Comm. Ctrs.	Dollar Stores	Nutrition	Other
90 PER	18 PER	90 PER	18 PER	18 PER	45 PER	9 PER	9 PER	9 PER
								

total								

Number of Flyers Distributed today: _____

GRAND TOTAL

Starting # of Papers: ALEX/SPR _____ ARL/FFX _____ PrWm _____ LOUD/WFFX _____

Ending # of Papers: ALEX/SPR _____ ARL/FFX _____ PrWm _____ LOUD/WFFX _____

Vehicle used: _____ Odometer Reading: Start _____ End _____

Was gas purchased today? Y N Amount \$ _____ Gallons: _____ Where: _____

Report any accident, injury and maintenance needed immediately to your supervisor.

Signature _____ date _____