



Client Activity Report

REPORT DUE 15TH OF EACH MONTH

Client Name: _____

Business Name: _____

Reporting Month: _____

Have you revisited and updated your cashflow this month? YES NO

Projected Monthly: Sales \$ _____ Marketing Expenses \$ _____

Actual Monthly: Sales \$ _____ Marketing Expenses \$ _____

List your business/marketing activities for this month.



What are your intended business plans and goals for the following month?

Do you have anything you would like to discuss with your SE Coach?

YES NO

PLEASE INCLUDE WITH YOUR REPORT: HR 3370E & FINANCIALS - CASH FLOW PROJECTED VS. ACTUALS

Disability clients ONLY

Please report how many hours you have worked each week for this reporting period:

Week 1: _____ Week 2: _____ Week 3: _____ Week 4: _____

Has your disability impacted business operations this reporting period?

YES NO

(this could include change of medication, working over 20 hours per week , newly diagnosed condition).

If yes, how?

What is your plan to address the above, impacted concerns?

Office Use ONLY

Business Coach reviewed:

Action No action