



D*I*Y Planner v3.0 Core Package

Welcome to the **D*I*Y Planner** system, developed by Douglas Johnston of DIYPlanner.com. This series of free do-it-yourself, printable forms covers life management, calendars, project planning, notetaking, health, finance, and creative uses like writing, storyboards, and web design. Besides the nearly 200 printable templates, it also includes a cover kit, a detailed handbook brimming with advice, and a beginner's guide to setting up your own customised planner system. With some basic supplies and a little elbow grease, you can create an ideal low-cost kit that meets almost every need.

This the **D*I*Y Planner v3 Core Package**, the main file for the system, containing scores of forms for life and project management, as well as a number of generic templates and various odds and ends. Note that most templates include variations for both odd and even pages, allowing you to print and configure your own personalised system however you like.

The most recent version of this package, along with the rest of the printable template kits, can always be found at:

<http://www.diyplanner.com/templates/official/classic>

The DIYPlanner.com site also contains handbooks, how-to guides, documents and numerous articles that can help you make the most of your planner. Please visit the [site home page](#) or the [documents section](#) to get started.

Legal Rights & Disclaimers

All official D*I*Y Planner templates, covers, and relevant documentation are ©2004-2006 [Douglas Johnston](#), email dougj@diyplanner.com.

This package is released under the terms of a Creative Commons license: <http://creativecommons.org/licenses/by-nc-nd/2.0/>

Personal Profile

Contact Information

NAME		
Address		

Telephone	Work	Fax
	Mobile	Home
	Other	
Email		
Messenger		
Website		

Emergency Information

NOTIFY	Relationship
Address	

Telephone	
Email	
Medical Issues <small>(Allergies, medications, etc.)</small>	-----
Blood Type/Issues	
Health Plan	



D*I*Y Planner Kit ©2004-2006 Douglas Johnston

This planner system, including templates, documentation and more, is available free for personal use at:
<http://www.DIYPlanner.com>

Licensed under a Creative Commons license: <http://creativecommons.org/licenses/by-nc-nd/2.0/>

Important Numbers

Medical & Emergency

Hospital		
Doctor		
Poison Control		
Dentist		
Veterinarian		
Insurance		Account
Police		
Fire Department		

Home & Automotive

Landlord		
Garage		
Insurance		Account
Services	Plumber	Electrician
	Carpenter	













Financial *

Accountant		
Accounts (Saving, Chequing, Credit Cards)		Account
		Account
		Account
		Account






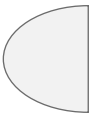

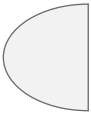

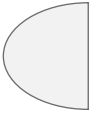
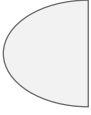
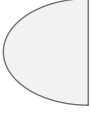
Other

* Remember that all financial information should be safeguarded in order to protect yourself from theft.

Harmony

Harmony

			
			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Combined Actions

Actions

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Waiting For

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Notes

Combined Actions



Actions

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Waiting For

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Notes

Actions Quadrant

--	--

--	--

--	--

--

--

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

--

--

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

--	--

Actions Quadrant

--

--

--

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

--

--

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

--

Agenda

[Dark Grey Bar]

Person / Meeting

Item		Date/Time
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Notes / Outcomes

[Dashed line separator]
[Light Grey Box]

Agenda

Person / Meeting

	Item	Date/Time
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Notes / Outcomes

Agendas



Person / Meeting

Item		Date/Time
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		



Person / Meeting

Item		Date/Time
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Potentials Quicklist

Reason

Reason

Reason

Reason

Reason

Reason

Reason

Reason

Reason

Reason

Reason

Reason

Reason

Goal Planning

Goal

Mission

Wildly Successful If . . .

Step	Target
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Outcomes

Goal Planning

Goal

Mission

Mission

Wildly Successful If . . .

Step **Target**

Step	Target
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Outcomes

Objectives



Objective

Description	<hr/>	Target Date
		<input type="checkbox"/>
Benefits		
Challenges		

Step Target

<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Outcome	<hr/>
---------	-------



Objective

Description	<hr/>	Target Date
		<input type="checkbox"/>
Benefits		
Challenges		

Step Target

<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Outcome	<hr/>
---------	-------

Objectives



Objective

Description	Target Date
<hr/>	
<input type="checkbox"/>	
Benefits	
Challenges	

Step	Target
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
Outcome	
<hr/>	

Objective

Description	Target Date
<hr/>	
<input type="checkbox"/>	
Benefits	
Challenges	

Step	Target
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
Outcome	
<hr/>	

Priority Matrix

--

Title	Date
-------	------

		URGENCY	
		Urgent	Not Urgent
IMPORTANCE	Important	Urgent / Important	Not Urgent / Important
	Not Important	Urgent / Not Important	Not Urgent / Not Important

Priority Matrix

Title	Date
-------	------

		URGENCY	
IMPORTANCE	Urgent / Important		Not Urgent / Important
	Urgent / Not Important		Not Urgent / Not Important

Project Outline ^A



Title

Description

Objective

Challenges

Solutions

Task **Target**

<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Project Outline A



Title

Description

Objective

Challenges

Solutions



Task	Target
------	--------

<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Project Outline _B



Title

	Task	Target
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

--

Project Outline _B

[Blank shaded header bar]

Title

	Task	Target
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

[Blank footer area with a dashed horizontal line]

Project Notes



Title

Project Notes

Title

A large grid of graph paper for taking notes, consisting of 20 columns and 30 rows of small squares.

Project Tracker

Header bar

Project	
----------------	--

Objective

Objective description area with a dashed line separator.

Dates

Target Date

Completed Date

Notes & Issues

Notes & Issues description area with a dashed line separator.

Item	Action	Due	Del	Comp	Impact
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

ITEM = Item or Reference Number ACTION = Project Action or Item
DUE = Set Due Date DEL = Delegate Name and/or Date COMP = Completion Date
IMPACT = Impact of Completion Date(s) on project, in days

External Impact	
Total Impact	

Project Tracker

Project					
Objective				Dates	
				Target Date	
				Completed Date	
Notes & Issues					
Item	Action	Due	Del	Comp	Impact
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
				External Impact	
				Total Impact	

ITEM = Item or Reference Number ACTION = Project Action or Item
 DUE = Set Due Date DEL = Delegate Name and/or Date COMP = Completion Date
 IMPACT = Impact of Completion Date(s) on project, in days

Job Tracker

Client	
---------------	--

Dates

Rate

Time On-Site

Time Off-Site

Expenses

Travel Time

Billable Time

Notes

Specifics

<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Job Tracker



Client	
--------	--

Dates		
Rate		Time On-Site
		Time Off-Site
Expenses		Travel Time
		Billable Time
Notes		

Specifics

<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

--

Crossroads



Title	Date
-------	------

Destination

Four Paths to Reach the Destination

1

-
-
-
-
-
-
-
-
-
-

2

-
-
-
-
-
-
-
-
-
-

3

-
-
-
-
-
-
-
-
-
-

4

-
-
-
-
-
-
-
-
-
-

Looking Back

Crossroads



Title	Date
-------	------

Destination

.....

Four Paths to Reach the Destination

1

-
-
-
-
-
-
-
-
-
-

2

-
-
-
-
-
-
-
-
-
-

3

-
-
-
-
-
-
-
-
-
-

4

-
-
-
-
-
-
-
-
-
-

Looking Back

Contacts



Name

Address	Phone
	Fax
	Mobile
Email	

Name

Address	Phone
	Fax
	Mobile
Email	

Name

Address	Phone
	Fax
	Mobile
Email	

Name

Address	Phone
	Fax
	Mobile
Email	

Name

Address	Phone
	Fax
	Mobile
Email	

Contacts



Name

Address	Phone
	Fax
	Mobile
Email	

Name

Address	Phone
	Fax
	Mobile
Email	

Name

Address	Phone
	Fax
	Mobile
Email	

Name

Address	Phone
	Fax
	Mobile
Email	

Name

Address	Phone
	Fax
	Mobile
Email	

Sources



Name

Contact			Account
Address	Phone		
	Fax		
	Email		
Hours	Web		

Name

Contact			Account
Address	Phone		
	Fax		
	Email		
Hours	Web		

Name

Contact			Account
Address	Phone		
	Fax		
	Email		
Hours	Web		

Name

Contact			Account
Address	Phone		
	Fax		
	Email		
Hours	Web		

Sources



Name

Contact			Account
Address	Phone		
	Fax		
	Email		
Hours	Web		

Name

Contact			Account
Address	Phone		
	Fax		
	Email		
Hours	Web		

Name

Contact			Account
Address	Phone		
	Fax		
	Email		
Hours	Web		

Name

Contact			Account
Address	Phone		
	Fax		
	Email		
Hours	Web		

Auto Maintenance Log

Vehicle Information

Make		Year	
Model		Colour	
VIN		License	
Insurance			

Date	Mileage	Services & Location	Cost
------	---------	---------------------	------

Date	Mileage	Services & Location	Cost

Warranty Details

To Buy



<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

Notes

TOTAL	
-------	--

To Buy



<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

<input type="checkbox"/>	
Store	Cost

Notes

TOTAL

--

Job Search ^A



Position	Ref. #
-----------------	--------

Company	Deadline <input type="checkbox"/>
Source	
Contact	

Description

Requisites

PR

Strengths

PR

Obstacles

PR

Date Applied	Materials Sent
--------------	----------------

Job Search ^A

--

Position	Ref. #
-----------------	--------

Company	Deadline <input type="checkbox"/>
Source	
Contact	

Description

Requisites

PR

Strengths

PR

Obstacles

PR

Date Applied	Materials Sent
--------------	----------------

Job Search B



Contact Log

Title
Company
Contact per Ad

Date / Time	Person / Contact	Follow-up Date
	Outcome	Me <input type="checkbox"/> Them <input type="checkbox"/>
Note Ref.		

Date / Time	Person / Contact	Follow-up Date
	Outcome	Me <input type="checkbox"/> Them <input type="checkbox"/>
Note Ref.		

Date / Time	Person / Contact	Follow-up Date
	Outcome	Me <input type="checkbox"/> Them <input type="checkbox"/>
Note Ref.		

Date / Time	Person / Contact	Follow-up Date
	Outcome	Me <input type="checkbox"/> Them <input type="checkbox"/>
Note Ref.		

Date / Time	Person / Contact	Follow-up Date
	Outcome	Me <input type="checkbox"/> Them <input type="checkbox"/>
Note Ref.		

Job Search ^B

Contact Log

Title

Company

Contact per Ad

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	<hr/>		
	<hr/>		

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	<hr/>		
	<hr/>		

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	<hr/>		
	<hr/>		

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	<hr/>		
	<hr/>		

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	<hr/>		
	<hr/>		