BUSINESS PLANNER

SUPPORT SMALL BUSINESS

BUSINESS OVERVIEW

BUSINESS DETAIL	
NAME:	ADDRESS:
REPRESENTATIVE:	
TYPE OF BUSINESS:	ABOUT US:
CONTACT:	

SOCIAL MEDIA HANDLES
@
@
@
@
@

POTENTIAL COMPETITOR

TARGET AUDIENCE	
AGE RANGE:	DEMOGRAPHIC:
INCOME RANGE:	
LOCATION:	
HOW TO TARGET:	INTEREST:

ANNUAL OVERVIEW

YEAR: _____

JANUARY	FEBRUARY	MARCH
APRIL	MAY	JUNE
JULY	AUGUST	SEPTEMBER
OCTOBER	NOVEMBER	DECEMBER

GOAL ACTION PLAN

GOAL

START DATE

DUE DATE

GOAL PROGRESS

ACTION PLAN / STEP

PROBLEMS & OBSTACLES

GOALS

IMPROVEMENT PLAN

PLAN 1

RESULT

COMMENT

PLAN 2

RESULT

COMMENT

PLAN 3

RESULT

COMMENT

PLAN 4

RESULT

COMMENT

TO-DO-LIST

URGENT	IMPORTANT

NOT URGENT	NOT IMPORTANT

TO-DO-LIST

TOP GOALS

TODO

MY PERSONAL PLANNER

NOTES

TODAY'S GOALS

TODAY'S LIST

NOTES & REMINDER

TODAY'S MEETING

TODAY'S TASK

DAILY PLANNER

M T W T F S S

TOP PRIORITY

GOALS

TIME	SCHEDULE

MONDAY PLANNER

SCHEDULE

TUESDAY PLANNER

SCHEDULE

TODO LIST

NOTES

WEDNESDAY PLANNER

SCHEDULE

TODO LIST

NOTES

THURSDAY PLANNER

SCHEDULE

TODO LIST

NOTES

FRIDAY PLANNER

SCHEDULE

TODO LIST

NOTES

WEEKLY PLANNER

WEEK OF: _____

MONDAY	TUESDAY	WEDNESDAY

THURSDAY	FRIDAY	SATURDAY	SUNDAY

WEEKLY PLANNER

	MONDAY	TUESDAY	WEDNESDAY

WEEKLY PLANNER

THURSDAY	FRIDAY	SATURDAY	SUNDAY

MONTHLY PLANNER

MONTH OF: _____

M	T	W	T	F	S	S

TODO

THIS MONTH GOALS

NOTES

MONTHLY PLANNER

MONTH OF: _____

NOTES	MONDAY	TUESDAY	WEDNESDAY

MONTHLY PLANNER

MONTH OF: _____

THURSDAY	FRIDAY	SATURDAY	SUNDAY

MONTHLY GOALS

YEAR OF: _____

JANUARY

FEBRUARY

MARCH

APRIL

MONTHLY GOALS

YEAR OF: _____

MAY

JUNE

JULY

AUGUST

MONTHLY GOALS

YEAR OF: _____

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

CONTACT LIST

NAME:
BUSINESS:
WEBSITE:
EMAIL:
PHONE:
ADDRESS:
NOTES:

NAME:
BUSINESS:
WEBSITE:
EMAIL:
PHONE:
ADDRESS:
NOTES:

NAME:
BUSINESS:
WEBSITE:
EMAIL:
PHONE:
ADDRESS:
NOTES:

NAME:
BUSINESS:
WEBSITE:
EMAIL:
PHONE:
ADDRESS:
NOTES:

SUPPLIER CONTACT LIST

NAME:	EMAIL:
PHONE:	DEPOSIT:
WEBSITE:	POLICY:
CONTACT:	NOTES:
PRODUCT PROVIDED:	

NAME:	EMAIL:
PHONE:	DEPOSIT:
WEBSITE:	POLICY:
CONTACT:	NOTES:
PRODUCT PROVIDED:	

NAME:	EMAIL:
PHONE:	DEPOSIT:
WEBSITE:	POLICY:
CONTACT:	NOTES:
PRODUCT PROVIDED:	

SUPPLIER LIST

PRODUCT	DESCRIPTION	COMPANY	WEBSITE	EMAIL

PRODUCT INVENTORY

DATE	PRODUCT	QTY ON HAND	QTY ON ONDER	SALES PRICE	COST	PROFIT

PRODUCT PLANNER

PRODUCT NAME:	LAUNCH DATE:

DESCRIPTION	CHECKLIST

BUDGET:

EXPENSES:

PROFIT:

SUPPLIER LIST

NOTES

PRODUCT EVALUATION

TOP PRODUCT	QTY	PRICE	WHAT WORKING

BOTTOM PRODUCT	QTY	PRICE	WHAT NOT WORKING

START DOING

STOP DOING

INCOME TRACKER

MONTH OF: _____

DATE	DESCRIPTION	CATEGORY	AMOUNT

EXPENSES TRACKER

MONTH OF: _____

DATE	DESCRIPTION	CATEGORY	AMOUNT

BILL TRACKER

MONTH OF: _____

BILL	AMOUNT	DUE ON	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

ADVERTISEMENT TRACKER

START DATE	END DATE	PLATFORM	COST	REVENUE

DISCOUNT & VOUCHER

DATE	END DATE	CODE	AMOUNT	DESCRIPTION

ORDER TRACKER

MONTH OF: _____

DATE	ORDER ID	CUSTOMER	ITEM	QTY	SHIPPING DATE

ORDER FORM

CUSTOMER DETAIL	
NAME:	ORDER ID:
PHONE:	EMAIL:
CUSTOMER NOTES:	ADDRESS:

ITEM	DESCRIPTION	QTY	UNIT PRICE	PRICE

SHIPPING DETAIL	SUBTOTAL:
SHIPPING METHOD:	SHIPPING:
	TAX:
DATE SHIPPED:	DISCOUNT:
TRACKING #	TOTAL:

SALES TRACKER

MONTH OF: _____

DATE	ORDER ID	PRODUCT	QTY	PRICE	FEE	TOTAL

SALES TRACKER

CUSTOMER DETAIL

WHAT WORKED

WHAT DON'T WORK

DO MORE

DO LESS

SHIPPING TRACKER

MONTH OF: _____

DATE	ORDER ID	CUSTOMER	METHOD / COURIER	TRACKING #	FEE	SHIPPED

RETURN TRACKER

MONTH OF: _____

DATE	ORDER ID	CUSTOMER	REASON OF RETURN	TRACKING #	RECEIVED	REFUNDED

RETURN TRACKER

ORDER ID	
DATE:	TRACKING#:
CUSTOMER:	RECEIVED: REFUNDED:
REASON OF RETURN:	

ORDER ID	
DATE:	TRACKING#:
CUSTOMER:	RECEIVED: REFUNDED:
REASON OF RETURN:	

ORDER ID	
DATE:	TRACKING#:
CUSTOMER:	RECEIVED: REFUNDED:
REASON OF RETURN:	

ORDER ID	
DATE:	TRACKING#:
CUSTOMER:	RECEIVED: REFUNDED:
REASON OF RETURN:	

PROFIT TRACKER

PRODUCT	SALES PRICE	COST	FEE	SHIPPING	PROFIT

ANNUAL PROFIT

YEAR OF: _____

	INCOME	SUPPLY COST	SHIPPING	OVERHEAD	PROFIT
JAN					
FEB					
MAR					
APR					
MAY					
JUN					
JUL					
AUG					
SEP					
OCT					
NOV					
DEC					

STORE STATISTIC

YEAR OF: _____

	TOTAL ORDER	TOTAL VISITOR	BEST SELLER	WORST SELLER	NOTES	PROFIT
JAN						
FEB						
MAR						
APR						
MAY						
JUN						
JUL						
AUG						
SEP						
OCT						
NOV						
DEC						

SOCIAL MEDIA PLANNER

WEEK OF: _____

DAYS	PLATFORM	POST	TIME	STAT
M				
T				
W				
T				
F				
S				
S				

PASSWORD TRACKER

WEBSITE:
USERNAME:
PASSWORD:
NOTES:

WEBSITE:
USERNAME:
PASSWORD:
NOTES:

WEBSITE:
USERNAME:
PASSWORD:
NOTES:

WEBSITE:
USERNAME:
PASSWORD:
NOTES:

POST PLANNER

POST TITLE:	
TOPIC:	
PLATFORM:	
PUBLISH DATE:	

DESCRIPTION / CAPTIONS

CHECKLIST

HASHTAG / KEYWORD

LINKS INCLUDED

NOTES

SOCIAL MEDIA STATISTIC

YEAR OF: _____

	TOTAL FOLLOWERS	TOTAL VIEW	TOTAL POSTS	BEST POST	WORST POST	NOTES
JAN						
FEB						
MAR						
APR						
MAY						
JUN						
JUL						
AUG						
SEP						
OCT						
NOV						
DEC						

IDEAS

NOTES

NOTES