



TASK PLANNING

House Captain _____ Phone _____

Project # or Address _____

TASK # _____ (from HC's Outline of Work form) Type of task: _____

Material Description/Tools Needed		Quantity	Proposed Supplier	Cost
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
Total Estimated Material Cost				

List person(s) who are responsible for the shut off of the electric/water/gas in regard to this task.
