

Time Spent Selling

TRACKING YOUR INVESTMENT & PAYOFF

CLIENT NAME: _____

MONTH: _____ YEAR: _____

	MON	TUE	WED	THUR	FRI	SAT
AM						
PM						
AM						
PM						
AM						
PM						
AM						
PM						
AM						
PM						

TOTAL TIME VALUE:

Total \$ Sales This Month: _____

Total Compensation This Month: _____

+ Total Hours in Front of Client: _____

+ Total Hours in Front of Client: _____

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Value of Face-to-Face Time : \$ _____

"Hourly Wage" : \$ _____

