



TASK PLANNING

House Captain _____ Phone _____

Project # or Address _____

TASK # _____ (from Scope 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.
