



PROJECT TRACKING FORM

Client: _____ P. O. #: _____

Client Project Manager: _____ Phone #: _____

Fax #: _____ E-Mail: _____

Project Name: _____

Start Date: _____ Target Completion Date: _____

Date of Kick-Off Meeting (Initial Review and Discussion): _____

Client Project Team Personnel:

Name	Phone #	Fax#	E-Mail

Electronic Files Supplied by Client:

File Name	File Format or Creation Software	Supplied on: Diskette, Zip, or CD

SOFTWARE PREFERENCES

Draft Text:	Word V. ___	WordPerfect V. ___	Other:
Graphics:	Adobe Illustrator	Corel Draw	Other:
Photos:	Adobe Photoshop	Corel PhotoPaint	Other:
Final Layout:	PageMaker V. ___	Quark Xpress V. ___	Word V. ___
	Other:		
	Font(s):	Size(s):	
Heading 1			Body Text
Heading 2			Call Outs
Heading 3			Fig. Titles
Other			Other

Zip Disk(s): _____ Tracking Number(s): _____

Diskette(s): _____ Name(s): _____

Main Computer: _____

Additional Options: _____

TBG HUMAN RESOURCES

Project Manager: _____

Main Writer(s): _____

Editing / Proofreading: _____

DTP & Graphics: _____

Key stroking: _____

Outside Vendors: _____

Other: _____

PROCEDURES:

	Initial Writing:
	Initial Editing:
	Proofread and signed-off by two (2) TBG staff members.
	1.
	2.
	Corrections made based on TBG proofings.
	Send / deliver draft materials to the client with TBG sign-off sheet.
To:	Date:

	Receive reviewed materials back from the client, accompanied by mark-ups and completed sign-off sheet.
Date:	
	Make the changes and return to client for another review (if requested) with TBG sign-off sheet.
To:	Date:

	Perform final services (DTP, graphics, proofreading, etc.).
DTP:	
Graphics / Photos:	
Final Proofing:	
	Send / deliver final draft materials to the client for review with TBG sign-off sheet.
To:	Date:

	Receive reviewed final draft materials from client with mark-ups and completed sign-off sheet.
Date:	
	Make the final changes requested by the client. TBG proofreading.
	Send / deliver final materials to the client with final sign-off sheet.
To:	Date:
	File final sign-off sheet with the project file.

PROJECT END DATE:

OUTSIDE VENDORS / SUPPLIERS:

Printing: _____ P. O. # _____ Qty. _____

CD's: _____ P. O. # _____ Qty. _____

STORAGE INFORMATION (Date Stored, Storage Box Number, Electronic or Hardcopy etc.):
