

MONTHLY REPORT

NAME:	TEAM:					
POSITION:	DEPARTMENT:					
REPORT DATE FROM:	TO DATE:					
MONTHLY CHECKLIST						
1. Previous project/T	asks update since the last report?	☐ Yes	□ No			
2. Are there any issues you would like to bring to management's attention?		□ Yes	□ No			
3. Does your team have the resources it needs to complete the project?		□ Yes	□ No			
TASKS COMPLETED						
(Tasks completed during this month)						

	(Could add more columns if needed)					
N	Tasks Description	Achievement %	Remarks			
1						
2						
3						
4						
5						
6						
7						
8						
9						



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NEW ASSIGNED PROJECT/TASK				
(The project or tasks that not yet started)				
RESOURCES LIST				
Please list down any Items, Equipment or Resources you might needed to perform your task more efficiency				