

Date: \_\_\_\_\_  
Agent Number: \_\_\_\_\_  
Agent Name: \_\_\_\_\_

**EXECUTING WEEKLY REPORT**

Power Number	Defendant Name	Date	Liability	Premium	Amount Owed

**EXECUTION REPORT TOTALS**

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**WEEKLY PAYMENTS**

Power Number	Defendant Name	Date	Amount Owed	Payment Amount	Balance Due	Next Due Date

**WEEKLY PAYMENT TOTALS**

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Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_