LIPS Trip Tracking Form

(1 Form per Downline Distributor)



Distributor Name	Distributor ID#
Telephone	
Date Enrolled	Current Quarter

Leaders Quarter 1 Leaders Quarter 2 Total DV Leaders Quarter 3 Total DV Leaders Quarter 4 Total DV **Grand Total** Total DV must not exceed must not exceed must not excee must not exceed 1500PV 1500PV 1500PV 1500PV per Sep Oct Nov Dec Jan Feb Mar April May June July Aug per Distributor Distributor each per Distributor per Distributor **Product Order** (PV) (PV) (PV) each qtr. (PV) (PV) (PV) each qtr. (PV) (PV) (PV) each gtr. (PV) (PV) (PV) qtr. Order 1 Order 2 Order 3 Order 4 Order 5 Order 6 Order 7 Order 8 Order 9 Order 10 Order 11 Order 12 Order 13 Order 14 Order 15 **DV Total**