



SUM Bookkeeping & Office Services
Client Profile - Office Organization



Client _____ Date: _____

Address: _____ Tel: _____

_____ Fax: _____

_____ Cell: _____

Email: _____ WEB: _____

ORGANIZATION: Proprietorship Partnership Incorporated Society

Main Product or Services _____

Staff Position	Skillsets	Years worked for you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are your main concerns issues you would like to have reviewed?

Office Communications _____

Work Flow _____

Office Organization _____

Computer Systems / Software _____

Policies & Procedures _____

SYSTEMS TO REVIEW

Office Administration

- Internal Communications
- Project Communications
- Appointments / Schedules
- Workspace Review
- File Systems / Computer Files
- Other _____

Computer Systems / Software

- Review Computer Systems / Technology
- Review Software / Staff Capacity
- Upgrades / Training
- Shared Drives / Networks
- Website
- Other _____

Other Services

- Policies
- Procedures
- Misson Statement
- Company Objective
- SWAT Analysis
- Other _____