



Show:
Writer:
 Time Period:
 Location:

Production Info: Director:
 Stage Manager:
 ASM:
 Set Designer:
 Technical Director:

First Tech:
First Dress:
Open:

Hand Props

Tracking #	Page #	Qty.	Item/Prop	Description	Character/Scene	Notes	Research	Acquirement	B. Status	Current Location	Questions
P#1							<input type="checkbox"/>	Stock	Not Started		
P#2							<input type="checkbox"/>	Rented	In Progress		
P#3							<input type="checkbox"/>	Donated	Done		
P#4							<input type="checkbox"/>	Purchased	Pulled		
P#5							<input type="checkbox"/>	N/A	Sourced		

Furniture

Tracking #	Page #	Qty.	Item/Prop	Description	Character/Scene	Notes	Research	Acquirement	B. Status	Current Location	Questions
F#1							<input type="checkbox"/>	Stock	Not Started		
F#2							<input type="checkbox"/>	Rented	In Progress		
F#3							<input type="checkbox"/>	Donated	Done		
F#4							<input type="checkbox"/>	Purchased	Pulled		
F#5							<input type="checkbox"/>	N/A	Sourced		

Set Dressing

Tracking #	Page #	Qty.	Item/Prop	Description	Character/Scene	Notes	Confirmed	Acquirement	B. Status	Current Location	Questions
S#1							<input type="checkbox"/>	Stock	Not Started		
S#2							<input type="checkbox"/>	Rented	In Progress		
S#3							<input type="checkbox"/>	Donated	Done		
S#4							<input type="checkbox"/>	Purchased	Pulled		
S#5							<input type="checkbox"/>	N/A	Sourced		

Show Rehearsal Props				Director: Stage Manager: ASM: Set Designer:	Props Cabinet: Last Update: 9/11	No Rehershal Prop	
P#	Prop	Q#	Photo	In Rehershal	Real?	Notes	Date
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		



Material Specs

Vendor	Item	Dimension	Qty	Total Ft	Unit Price	Total Price
					\$0.00	\$0.00
					\$0.00	\$0.00
					\$0.00	\$0.00
					\$0.00	\$0.00
					Total:	\$0.00
(Material)						
					Unit	
					Total	
(Material)						
					Unit	
					Total	
(Material)						
					Unit	
					Total	