

MEETING ATTENDANCE RECORD

Date: _____ Name of Group Meeting: _____

Start Time: _____ End Time: _____

LAST NAME	FIRST NAME	SIGNATURE	FP	SP	MEETING HOURS	ADMIN HOURS	MSP#	Address if not on file

Approved by: Chair or designated staff

Name:

Signature:

Submit to:

northshore@divisionsbc.ca / Fax: (778) 730-0630

Note: This form is to be used for meeting attendance hours only

All other activities are to be submitted on an activity invoice

Meeting hours include meeting attendance only AND Chair or committee member time spent in related meetings (ie. with staff) before or after cttee meeting

Administration hours is for extra time spent with staff prior to or after the meeting