 **Meeting Attendance Form**

Meeting of:

At (location):

On (date):

Chair:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Attendees: (Print name)*** | Please tick if you will **NOT** be claiming expenses | Please tick if you are **NOT** an IPEM member | ***Attendees: (Print name)*** | Please tick if you will **NOT** be claiming expenses | Please tick if you are **NOT** an IPEM member |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Signed:

 Chair/Secretary

Date: \_\_\_\_\_\_\_\_

**Attendees:** Please complete this form and hand it to the committee chair or secretary.

 **Chair:** Once completed take a photo or scan and send to your IPEM office contact so that expenses can be paid.