

TRAINING/MEETING ATTENDANCE LOG

(Attach Agenda **AND** Minutes)

Date:					Program (Circle): SHS - EHS - FCC - PAR					
Time:					Length:					
Location: (Center Name or HB)					Trainer/Meeting Facilitator:					
Topic(s) / Meeting Title:										
Comments:										
PRINT NAME	Location ID	DIR	TF/PS	Teaching Staff	Program Support	Food/ Transport	HV/FW	Non-Program	Parent	Round Trip Mileage
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
Please Total The Columns:										

FOR FISCAL USE ONLY:	
Total Parents: _____ X _____ HRS X \$10.00 \$ _____	
Total Mileage: _____ X _____ per mile= \$ _____	