### Form F: Record of Meeting Attendance

Agreement No:       Recipient:       Payment Request       Page       of

Purpose of Meeting:       Date of Meeting:

|  |  |  |  |
| --- | --- | --- | --- |
| Name (please print) | Representing | No. of Hours at Meeting | Signature (required) |
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| ELEMENT NUMBER       TOTAL VOLUNTEER HOURS:       X $15.00 = $ | | | |

Enter the value computed in the lower right hand box on Form C1 for the appropriate element.