## YOUR COMPANY LTD

INDUSTRIAL PRODUCT & SERVICES SUPPLIER 101 / C, Orbit Avenue, Smith Building, City Galaxy, NY, USA

Phone: 123-456-789 | Cell: 222-000-0000

## MEETING ATTENDANCE SHEET

|                      | MEETING DETAILS FROM DATE: | TO DATE: |                     |  |
|----------------------|----------------------------|----------|---------------------|--|
| REPORT GENERATED ON: |                            |          | REPORT GENERTED BY: |  |

| Sr | Participant Name | Designation | Department | Meeting<br>Date | Meeting<br>Venue | Meeting<br>Agenda | Status<br>P / A | Reason for not attended | Task Handled by | Pending works |
|----|------------------|-------------|------------|-----------------|------------------|-------------------|-----------------|-------------------------|-----------------|---------------|
|    |                  |             |            |                 |                  |                   |                 |                         |                 |               |
|    |                  |             |            |                 |                  |                   |                 |                         |                 |               |
|    |                  |             |            |                 |                  |                   |                 |                         |                 |               |
|    |                  |             |            |                 |                  |                   |                 |                         |                 |               |
|    |                  |             |            |                 |                  |                   |                 |                         |                 |               |
|    |                  |             |            |                 |                  |                   |                 |                         |                 |               |
|    |                  |             |            |                 |                  |                   |                 |                         |                 |               |
|    |                  |             |            |                 |                  |                   |                 |                         |                 |               |
|    |                  |             |            |                 |                  |                   |                 |                         |                 |               |
|    |                  |             |            |                 |                  |                   |                 |                         |                 |               |