

Missouri Ozarks Community Action, Inc.
Head Start
Parent Committee Meeting Attendance Sheet

Group Activity:_____

Meeting Date: _____

Please sign and print your name, include your time to and from your home, mileage is counted to the center and then back home.

| Signature | Printed Name | Hours | Mileage |
|-----------|--------------|-------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTALS | | | |

Signature of staff who verified services: _____