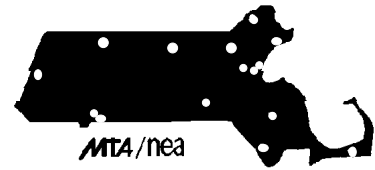


**MASSACHUSETTS COMMUNITY COLLEGE
COUNCIL**



COMMITTEE MEETING REPORTING FORM

1. Committee _____
Date of Meeting _____
Location of Meeting _____

2. Members/Non-Members in attendance

3. Purpose of the Committee Meeting

Submitted by: _____

Date: _____

Note: This form is required by the MCCC Treasurer to verify expense reimbursement related to the committee meeting.

Please forward this report to the MCCC office:

MASSACHUSETTS COMMUNITY COLLEGE COUNCIL
27 MECHANIC ST STE 104
WORCESTER, MA 01608-2402 FAX 508 890 6680