

	TECHNICAL UNIVERSITY OF MOMBASA		
	Document: Form	Ref No.: TUM/Form/QMS/008	
	Title: Meeting Attendance		
	Department: Management Representative		
	Issue No. 2	Revision No. 0	Date: 5th April 2018

Name of Meeting: _____

Venue: _____ Date: _____

S/N	NAME	DEPARTMENT	DESIGNATION	SIGNATURE
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Issued by: 
Management Representative

Approved by: 
Vice Chancellor