

# Meeting Minutes With Action Items

Meeting Name: \_\_\_\_\_

Time: \_\_\_\_\_

Date: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Location: \_\_\_\_\_

Attendees: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Agenda Summary

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## Key Discussion Points

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## Decisions

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## ACTION ITEMS

| Checkbox                 | Action Item | Owner | Due Date | Priority                                                                          | Status        | Notes |
|--------------------------|-------------|-------|----------|-----------------------------------------------------------------------------------|---------------|-------|
| <input type="checkbox"/> |             |       |          | <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low | Not Started ▼ |       |
| <input type="checkbox"/> |             |       |          | <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low | Not Started ▼ |       |
| <input type="checkbox"/> |             |       |          | <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low | Not Started ▼ |       |
| <input type="checkbox"/> |             |       |          | <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low | Not Started ▼ |       |
| <input type="checkbox"/> |             |       |          | <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low | Not Started ▼ |       |
| <input type="checkbox"/> |             |       |          | <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low | Not Started ▼ |       |
| <input type="checkbox"/> |             |       |          | <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low | Not Started ▼ |       |
| <input type="checkbox"/> |             |       |          | <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low | Not Started ▼ |       |
| <input type="checkbox"/> |             |       |          | <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low | Not Started ▼ |       |
| <input type="checkbox"/> |             |       |          | <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low | Not Started ▼ |       |
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| <input type="checkbox"/> |             |       |          | <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low | Not Started ▼ |       |
| <input type="checkbox"/> |             |       |          | <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low | Not Started ▼ |       |
| <input type="checkbox"/> |             |       |          | <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low | Not Started ▼ |       |

## ITEMS CARRIED FORWARD

| Action Item | Originally Assigned To | New Due Date | Notes |
|-------------|------------------------|--------------|-------|
|             |                        |              |       |
|             |                        |              |       |
|             |                        |              |       |
|             |                        |              |       |
|             |                        |              |       |
|             |                        |              |       |

## NEXT MEETING

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Agenda Preview / Objectives:

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Minutes Prepared By: \_\_\_\_\_

Date: \_\_\_\_\_