

# Project Meeting Minutes

|                      |  |                  |  |
|----------------------|--|------------------|--|
| Project Name:        |  | Meeting Title:   |  |
| Date:                |  | Time:            |  |
| Location / Platform: |  | Project Manager: |  |
| Minute Taker:        |  |                  |  |

## 1. ATTENDEES

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

## 2. PROJECT STATUS SUMMARY

|  |
|--|
|  |
|--|

## 3. MILESTONES REVIEWED

| Milestone | Status | Target Date | Notes |
|-----------|--------|-------------|-------|
|           |        |             |       |
|           |        |             |       |
|           |        |             |       |

## 4. RISKS / BLOCKERS

|  |
|--|
|  |
|--|

## 5. KEY DECISIONS

|  |
|--|
|  |
|--|

## 6. ACTION ITEMS

| Task / Deliverable | Owner | Due Date | Priority                                                                                   | Status                                                                                                      |
|--------------------|-------|----------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
|                    |       |          | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low | <input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete |
|                    |       |          | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low | <input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete |
|                    |       |          | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low | <input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete |
|                    |       |          | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low | <input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete |
|                    |       |          | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low | <input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete |
|                    |       |          | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low | <input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete |

## 7. NEXT STEPS / FOLLOW UP

|  |
|--|
|  |
|--|

## 8. NOTES

|  |
|--|
|  |
|  |
|  |
|  |
|  |

## 9. NEXT MEETING

|                      |  |
|----------------------|--|
| Date:                |  |
| Time:                |  |
| Location / Platform: |  |
| Purpose / Agenda:    |  |