CNP Covenant Group Checklist

Group _______________________________  Meeting # ______________________

Dates __________________________________________

Location __________________________________________

☐ List of participants onto spreadsheet

☐ Books (if applicable)

☐ Retreat center arrangements
  o Contract
  o Direct Bill plan
  o Tax exemption?
  o Insurance?
  o Deposit: Due Date___________  Date Paid__________
  o Balance: Due Date___________  Date Paid__________

☐ Flight reservations
  o Information from participant
  o Itinerary to participant

☐ Reimbursement form – email out – Date _________________
  o Include 50% instructions (if applicable)

☐ Reimbursements – Cut-off Date _________________

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<th>Attendees</th>
<th>Non-attendees</th>
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☐ Invoices (if applicable)

☐ Mentor Report – Date _____________________

☐ Mentor Honoraria – Date ___________________