

DATE:

ORSCNA MOTION SUBMISSION FORM

Motion:

Intent:

Financial Impact:

Initiated By:

Name

Service Postion

Seconded By:

Name

Service Postion

For Secretary Use Only:

Motion No:

of Members Voting:

Votes Needed to Pass:

Simple:

2/3 majority:

90% majority:

MOTION Made	SECONDED	CARRIED	DEFEATED	TABLED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

In Favor:

Opposed:

Abstained:

Result:

Month Published In Minutes: