MOTION / REQUEST FOR FUNDS

MOTION #

Name or Committee: _____ Date: _____

Pro: _____

Seconded By / Payable To: _____ Con: _____

Abstain: _____

☐ **New**   ☐ **Old**   ☐ **Amendment**   [_____]   **Financial Impact / Requested Amount**

BACK TO GROUPS:	YES	NO	Pro: ____	Con: ____	Abstain: ____
MOTION TABLED:	YES	NO	Pro: ____	Con: ____	Abstain: ____

Motion / Reason for request: (Please state motion/request clearly and accurately)

_____
_____
_____
_____
_____

REQUEST FOR FUNDS: APPROVED: _____   DENIED: _____

Intent of Motion/Reason request denied:

_____
_____
_____
_____
_____

SECRETARY USE ONLY

Comments from Discussion / Amendments: **Accepted by Motioner?   YES   NO**

_____
_____
_____
_____
_____

FOR TREASURER'S USE

Check # _____

Signature of Recipient: _____

Notes: _____
_____
_____
_____
_____

Revised August 2020