**\_\_Approved**

**\_\_Defeated**

**\_\_Referred**

#### TEXAS OCCUPATIONAL THERAPY ASSOCIATION, INC.

#### Annual Business Meeting

##### MOTION FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Motion Number** | **Motion** | **Accountability** | **Date Due** | **Submitted/ 2nd** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Motion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Rationale:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Fiscal Implications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Individual:**  **Task Force:**  **\_\_N/A\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Submitted by:**  **2nd by:**  **Task Force:**  **\_\_\_\_\_\_\_\_\_\_\_** |

**ROLL CALL**

**Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEA\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAY\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ABSTAINED\_\_**

**Email motion to** [**totasecretary@tota.org**](mailto:totasecretary@tota.org)