



Congress

Amendment Form

Legislation Title:		Leg. #:
Submitting Legislator:	Session:	Chamber #:

Line(s) affected _____ Reviewed by Parliamentarian (Initial) _____

Specific wording _____

1/3 Second: _____ Tally Votes: ____Pass ____Fail



Congress

Amendment Form

Legislation Title:		Leg. #:
Submitting Legislator:	Session:	Chamber #:

Line(s) affected _____ Reviewed by Parliamentarian (Initial) _____

Specific wording _____

1/3 Second: _____ Tally Votes: ____Pass ____Fail