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(Please Complete This Form So That A Complete Record Can Be Maintained In the Office.)

Date _____ Name _____

Report of (Division/Roundtable/Committee) _____

Agenda Item: Yes ___ No ___ If Yes, Anticipated Time Required _____

Information Only _____ Action _____

Summary of Action to Be Recommended (If Action Required):

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Does This Require A Change In Policy/Procedure? Yes ___ No ___

Activities Since Last Report:

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Additional Comments:

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Please Include Any Justification/Supportive Materials Which Might Help in Board Consideration. Thank You.