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| --- | --- | --- |
| H:\CCGA\Graphics\CCGA-Logo-CS3 (2).jpg | **Name:** |  |
| **Date:** |  |
| **Best Practices Committee** | **Affiliation:** |  |
| **Proposal Form****New/Rev Best Practice** | **Phone:** |  |
| **Email:** |  |

**TRANSACTION RECORD**

# Purpose: *Describe the purpose of the proposed practice.*

**Origin/Rationale:** *Briefly describe the origin/rationale behind the practice proposal. Include any examples of existing practices.*

**References:** *Provide references for any existing practices cited in Origin/Rationale.*