NELSON PTA COMMITTEE PLAN OF ACTION

*Please fill out this form at the beginning of the school year. This form will be your plan of action for the year. If plans change from the initial plan of action please resubmit this form 1 month prior to the committee activity. Expenses will not be reimbursed if prior approval has not been granted on this form*

Committee/Teacher: ________________________________

Event/Program/Fundraiser/Classroom: ________________________________

Budget: _______________________________________________________________________________________________

Date of Event (or when funds are needed): ________________________________

Number of Volunteers needed (if applicable): __________

Description of the event/program/fundraiser: ________________________________

_________________________________________________________________________________

If there are expenditures, explain how the budget will be spent (please be as specific as possible with what funds are being spent on and use the back if necessary. Note: PTA cannot pay for transportation):

_________________________________________________________________________________

_________________________________________________________________________________

If your committee is budgeted for income, explain how the income will be made:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

BOARD OF DIRECTORS USE ONLY

Decision Date: _______________ Approved _______________ Not Approved _______________

Board Recommendations:
_________________________________________________________________________________

Officers Signatures: ________________________________