

MARY E. BRYANT ELEMENTARY SCHOOL PTA  
PLAN OF WORK

SCHOOL YEAR 2023-2024

VP/Chair Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Event: \_\_\_\_\_

Event Date \_\_\_\_\_ Time \_\_\_\_\_

Event Theme \_\_\_\_\_

Committee Members \_\_\_\_\_

Event Goal \_\_\_\_\_

SUMMARY OF ACTIVITIES (specific plans/ideas...how will you achieve your goal) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ANTICIPATED PLANS & EXPENSES (PLEASE ITEMIZE):

Location/Facilities Needed \_\_\_\_\_ \$

\_\_\_\_\_ \$

\_\_\_\_\_ \$

Food Needed \_\_\_\_\_ \$

\_\_\_\_\_ \$

\_\_\_\_\_ \$

\_\_\_\_\_ \$

\_\_\_\_\_ \$

Supplies/Materials Needed \_\_\_\_\_ \$

\_\_\_\_\_ \$

\_\_\_\_\_ \$

\_\_\_\_\_ \$

Equipment Needed \_\_\_\_\_ \$

TOTAL BUDGET: \$ \_\_\_\_\_

No committee work shall be undertaken without the consent of the Executive Board. Reimbursements will only be paid according to an approved Plan of Work.

I agree to follow the above Plan of Work: \_\_\_\_\_

	For Board use only:
Income	Approved
Expense	Approved
Sign/Date	

Officer/Chair Signature

