



# COMMITTEE PLAN OF ACTION REPORT

School Year \_\_\_\_\_

*This report must be submitted & reviewed by the Executive Committee **prior** to spending any funds (regardless of budget amount) for your committee. PTA meeting schedule can be viewed at [www.wellingtonPTA.org](http://www.wellingtonPTA.org). Plan accordingly to assure timely submission and response with regards to funds requests. Chair must complete section 1-4*

<b>1</b>	COMMITTEE NAME:	CHAIR/CO-CHAIR NAME(S):
	BUDGET:	DATE OF EVENT:

<b>2</b>	Description of event/program/fundraiser:
	Number of Volunteers needed:

<b>3</b>	If your committee will have expenditures explain how the budget will be spent. If budgeted for income explain how income will be made.
	EXPENSES:
	INCOME:

<b>4</b>	Does your committee have a contract for services with a vendor? <input type="checkbox"/> NO <input type="checkbox"/> YES <b>***ALL CONTRACTS <u>MUST</u> BE SIGNED BY AN ELECTED OFFICER***</b>
	WHO SIGNED CONTRACT: NAME/OFFICE/DATE:

**FOR PTA EXECUTIVE COMMITTEE USE:**

<b>5</b>	APPROVED:
	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> YES, with below recommendations
	RECOMMENDATIONS:

PRESIDENT OR PRESIDENT ELECT SIGNATURE & DATE:
--