

**UPPER ST. CLAIR PTA**  
**UNIT NAME** \_\_\_\_\_

**PLAN OF WORK**

**Date** \_\_\_\_\_

**COMMITTEE NAME** \_\_\_\_\_

**Budget Line Item(s)** \_\_\_\_\_ **Proposed Budget \$** \_\_\_\_\_

**Approved** \_\_\_\_\_

**Committee Chair(s)** \_\_\_\_\_ **Phone** \_\_\_\_\_

\_\_\_\_\_ **Phone** \_\_\_\_\_

**Planned Procedures/Purchases**


**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved** \_\_\_\_\_ **Date** \_\_\_\_\_

**PTA President**