HILLSBOROUGH COUNTY COUNCIL PTA/PTSA PLAN OF WORK

SCHOOL YEAR:

Position/Event:			
Name:			
Vice President or	Supervisor if chair:		
of the Exe • Officers sh • Reimburse	cutive Board. No comnall present a plan of wements will only be particularly possible, payments s	mittee work shall be undertaken w work to the President for approval o id according to an approved Plan o	
Summary of Activ	vitics.		
TotalBudget:			
Anticipated Expenses (Please Itemize):			
I agree to follow the above plan of work:			
Approved By:	Executive Board	Executive Committee	Date: