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**Lisbon Elementary PTA**

**COMMITTEE PLAN OF WORK**

**Committee Chairs are expected:**

 to complete this form and submit it to the PTA Board of Directors for approval

 to relay monthly progress to the 1st Vice President of the PTA

**Name of Committee:**

**Committee Chair (s):**

**Email:**  **Phone:**

**Email:** **Phone:**

**Committee Members: Email: Phone:**

1.

2.

3.

Please provide a brief description of the committee, its purpose and activities. How does the committee support the PTA goals?

Are there expenses that the PTA will need to reimburse? Yes No

If YES, what is the proposed budget for the 2012-2013 school year?

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Is this a change from the last school year? Yes No

IF YES: (circle one) This is an (increase / decrease) from last school year.