

# LTHS PTO Plan of Work

## Contact Information

Board Position  
or Committee  
Name of Officer  
or Chairperson  
email address

School Year  
Date  
phone

## Description of Activity

Specific Action  
or Activity

Start Date  
End Date  
# of  
Participants

## Estimated Budget for Activity

**INCOME:** Provide itemized detail on cash collections from participants as well as cash donations (in any).

- *detail* \$ \_\_\_\_\_  
- *detail* \$ \_\_\_\_\_  
- *detail* \$ \_\_\_\_\_

**Income sub total =**

**EXPENSES:** Provide itemized detail on expenses for activity.

- *detail* \$ \_\_\_\_\_  
- *detail* \$ \_\_\_\_\_  
- *detail* \$ \_\_\_\_\_  
- *detail* \$ \_\_\_\_\_  
- *detail* \$ \_\_\_\_\_

**Expense sub total =**

**NET INCOME / EXPENSE FOR ACTIVITY**

**Income minus Expenses =**

**OTHER COST-FREE RESOURCES TO BE UTILIZED**

- *detail*  
- *detail*  
- *detail*

## APPROVAL

approved as is

approved with the following adjustments: \_\_\_\_\_