

FIFTH DISTRICT PTA – Out-of-Council Unit

REMITTANCE FORM

THIS FORM IS TO BE SUBMITTED TO FIFTH DISTRICT PTA BY UNIT FINANCIAL OFFICERS ONLY

Mail original and 2 copies to the Fifth District PTA's Treasurer
Retain a copy for your records

Mailing Address until June 30, 2017:

Ray Kinyon

13738 Ochre Lane, Victorville, CA 92394

Phone: (760) 524-2842 **Email Address:** Treasurer@FifthDistrictPTA.org

**Make ONE check payable to FIFTH DISTRICT PTA – ALL PTA checks MUST
have 2 signatures**

Date _____ Unit PTA ID Number _____

Unit Name _____

Treasurer _____

Telephone (_____) _____

E-mail _____

Description	Total
Membership Dues: # _____ @ \$ 5.25 per member *** Please verify calculation ***	
Insurance Premium: \$ 221.00	
Insurance Late Charge: \$ 25.00	
Membership Envelopes: # _____ @ \$ 15.00 per box of 500/box	
Other:	
Total:	

Check Number:	
----------------------	--