

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 one copy to the Fifth District PTA's Financial Secretary. Retain a copy for your records

Mailing Address until June 30, 2019:

Carol Malone

434 S. Rexford St., Rialto, CA 92376

Phone: (951) 334-8413 **Email Address:** Financial@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 Name: _____

Telephone: () _____

Email: _____

***** Please verify calculations *****

Description		Total
Membership Dues @ \$ 5.25 per member	# _____	
Insurance Premium: \$ 228.00		
Insurance Late Charge: \$ 25.00 (Received after Dec. 20)		
Membership Envelopes @ \$ 15.00 per box of 500/box	# _____	
Other:		
Total:		
Check Number:		