

FIFTH DISTRICT PTA REMITTANCE FORM

~ FOR COUNCIL USE ONLY ~

Mail original and 2 copies to Fifth District PTA Financial Secretary.

Retain a copy for your records.

All insurance payments MUST include a completed Workers Compensation Form

Use this form until June 30, 2019

Carol Malone
434 S. Rexford St.
Rialto, CA 92376

Phone/email: (951) 334-8413

Financial@FifthDistrictPTA.org

Make ONE check payable to Fifth District PTA - ALL PTA checks MUST have 2 signatures

Name of Council: _____ Date: _____

Treasurer: _____ Phone: _____

Address: _____

Unit Name Alphabetize	Per capita Membership dues			Insurance \$159 Council \$228 Unit	12/20 Ins. Late Fee \$25	Other		Total
	#	X	\$5.00			Amount	Describe	

Check Number: _____

Total Amount on this check _____

Please verify all calculations