

# FIFTH DISTRICT PTA REMITTANCE FORM

~ FOR COUNCIL USE ONLY ~

**Mail original and 2 copies to Fifth District PTA Treasurer.**

**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: (909) 528-2607

Treasurer@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 \$166 Council \$233 Unit	After 12/20 Ins. Late Fee \$25	Other		Total
	#	X	\$5.00			Amount	Describe	

Check Number: \_\_\_\_\_

Total Amount on this check \_\_\_\_\_

**Please verify all calculations**