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) 200-5900 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 #	X $5.00	Insurance $160 Council $232 Unit	After 12/20 Ins. Late Fee $25	Other Amount	Describe	Total

Check Number: Total Amount on this check

Please verify all calculations