

# 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: (909) 200-5900 Email Address: [Financial@FifthDistrictPTA.org](mailto: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: \$ 232.00		
Insurance Late Charge: \$ 25.00 (Received after Dec. 20)		
Membership Envelopes @ \$ 15.00 per box of 500/box	# _____	
Other:		
		<b>Total:</b>
		<b>Check Number:</b>

