FIFTH DISTRICT PTA REMITTANCE FORM
~ FOR COUNCIL USE ONLY ~

Mail one copy 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, 2021

Ray Kinyon
13738 Ochre Lane
Victorville, CA 92394

Phone/email: (760) 524-2842              Treasurer@FifthDistrictPTA.org

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

Name of Council: ___________________________ Date: _______________ Phone: _______________________
Treasurer: _________________________________
Address: __________________________________

<table>
<thead>
<tr>
<th>Unit Name</th>
<th>Per capita Membership dues</th>
<th>Insurance $160 Council</th>
<th>After 12/20 Ins. Late Fee $25</th>
<th>Other Amount Describe</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alphabetize</td>
<td># X $5.00</td>
<td>$232 Unit</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check Number: ___________________________ Total Amount on this check ___________________________

Please verify all calculations