

FIFTH DISTRICT PTA – Out-of-Council Unit

REMITTANCE FORM

THIS FORM IS TO BE SUBMITTED TO FIFTH DISTRICT PTA BY UNIT FINANCIAL OFFICERS ONLY

Make ONE check payable to FIFTH DISTRICT PTA

ALL PTA checks MUST have 2 signatures

Mail one copy of this form and the check to the Fifth District PTA's Treasurer.

Retain a copy of the form for your records

Mailing Address until June 30, 2021:

Ray Kinyon
13738 Ochre Lane, Victorville, CA 92394

Phone: (760) 524-2842 Email Address: Treasurer@FifthDistrictPTA.org

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:	
Total:	
Check Number:	