

# 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, 2022:

**Tameka Ponce  
c/o Fifth District PTA  
PO Box 400841, Hesperia, CA 92340**

Phone: (760) 985-6900    Email Address: [Treasurer@FifthDistrictPTA.org](mailto: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: TBD	
Insurance Late Charge: \$ 25.00 (Sending After December 3)	
Membership Envelopes @ \$ 15.00 per box (500 per box) Must pick up at District Office      # _____	
Other:	
<b>Total:</b>	
<b>Check Number:</b>	