

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

Date: _____ Unit PTA ID Number: _____

Unit Name: _____

Treasurer Name: _____

Telephone: () _____

Email: _____

*** Please verify calculations ***

Description	Total
Membership Dues @ \$ 5.25 per member # _____	
Insurance Premium: \$258.00	
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:	
Total:	
Check Number:	