



FOURTH DISTRICT PTA Remittance Form

Unit _____

Council _____

Check Number _____

Date: _____

E-mail: _____

ITEM DESCRIPTION	AMOUNT REMITTED
Membership <i>Number of members X \$3.60 - list by Unit on back of this form.</i>	\$ _____
Membership Envelopes	\$ _____
District Events - please attach Reservation Form(s) Administrators' Dinner	\$ _____
Luncheons	\$ _____
Founders' Day Freewill Offering	\$ _____
Insurance <i>List by Unit on back of this form.</i>	\$ _____
Insurance Late Fee <i>List by Unit on back of this form. Fee Assessed by CAPTA after 1/31.</i>	\$ _____
Workers Compensation Premium <i>List by Unit on back of this form.</i>	\$ _____
Workshops / Leadership Training <i>Please attach registration form(s)</i>	\$ _____
Other Describe: _____	\$ _____
TOTAL AMOUNT OF REMITTANCE:	\$ _____

Please send all monies, remittance form, and other required forms/documentation to:

Fourth District PTA, 1520 Brookhollow Drive, Unit 40, Santa Ana, CA 92705
Attn: Financial Secretary

ALL PTA CHECKS MUST HAVE TWO (2) SIGNATURES
MAKE A COPY OF ALL DOCUMENTATION FOR YOUR RECORDS

Thank You!

