

UNIT REMITTANCE FORM

Units must use this sheet when submitting monies to council.

Date _____

Unit Name _____ State PTA ID Number _____

Unit Address _____ City/Zip _____

Council _____ District PTA _____

Total membership on this report: _____

DESCRIPTION	AMOUNT	
Membership Dues: # _____ @ \$ _____		
Miscellaneous:		
Founders Day Freewill Offering		
Council PTA Assessment		
District PTA Assessment		
Membership Envelopes		
Late Charge Insurance (if paid after 12/20 Deadline)		
CHECK # _____	TOTAL:	

Treasurer _____ Telephone (_____) _____

Address _____

City/Zip _____ Email _____

Make check payable to: _____ Council.

Mail to council treasurer: Name _____

Address _____ City/Zip _____

All checks must have TWO SIGNATURES.

Make a copy for your records.