



FOURTH DISTRICT PTA
Remittance Form

Council _____

Date: _____

Check Number _____

ITEM DESCRIPTION	AMOUNT REMITTED
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 CSPTA after 1/31</i>	\$ _____
Membership <i>Number of members X \$3.35 - list by Unit on back of this form.</i>	\$ _____
Membership Envelopes	\$ _____
Orange Leaves Subscriptions <i>Attach subscription form(s)</i>	\$ _____
Workers Compensation <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, 1833 East 17th. Street, Suite 309, Santa Ana, CA 92705
 Attn: Financial Secretary

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

Thank You!

Date:

Council:

Itemized List of Units:	Membership		Insurance	Ins. Late Fee	Workers Comp. Fee	WC Form	Founders Day
	\$	# of					
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
TOTAL REMITTED:							