

THIRD DISTRICT PTA FINANCIAL REMITTANCE FORM

Dues Amounts	Mail Payment to:	Check Payable to:
All PTA units are "Out of Council" now Dues \$5.00 per member	Attn: Barbara Larsson, Financial Secretary Third District PTA P.O. Box 269003 Sacramento, CA 95826-9003	Third District PTA

Unit Name: _____ Date: _____

Treasurer Name: _____ CA Unit # _____ *(found in bylaws)*

Treasurer E-mail: _____

Treasurer Phone: _____

REMITTANCE DESCRIPTION

AMOUNT REMITTED

Membership: # of members _____ x \$5.00 = \$ _____

Membership Envelopes:

\$15/box (500 per box) # of boxes _____ x \$15.00 = \$ _____

\$3/(group of 100 envelopes) #groups of 100 _____ x \$3.00 = \$ _____

Envelope Order Total = \$ _____

Founder's Day (2/17) voluntary Freewill Offering *(recommend \$25)*: \$ _____

Insurance amount **\$232** (Postmarked by 12/1/19): \$ _____

Insurance Late Fee \$25 (if postmark after 12/1/19): \$ _____

Worker's Comp Surcharge (if applicable): \$ _____

(Please attach copy of Worker's Comp Form)

Third District Workshop/Event Registration: \$ _____

Event Name _____ Event Date _____ # registered _____

(Please attach copy of online registration forms)

Other (describe) _____ \$ _____

Check # _____ **Total Remittance:** \$ _____

REMEMBER: ALL PTA checks require two signatures!

REMITTANCE RETURN POLICY: Checks without two signatures, incorrect remittance amounts or this remittance form **will be returned**. Unit may be subject to late fees and/or CAPTA late notices if remittances do not have appropriate signatures or use incorrect amounts, if resubmitted after due date.

Make a copy of remittance form for your records

Please mail remittance(s), remittance form and applicable support documents to the Third District office address in the box above. Remittances may be hand delivered to our office at 3735 Bradview Dr., Suite 200, Sacramento, 95827. **DO NOT SEND MAIL TO BRADVIEW ADDRESS!!!** Please contact our office first to ensure office is open by calling 916-228-2543 or pta@scoe.net