

LINCOLN COUNCIL REMITTANCE FORM

PTA/PTSA NAME: _____ DATE: _____

TREASURER NAME _____

CONTACT INFO: _____

Task	Due Date	Amount due	Total
FIRST MEMBERSHIP REMITTANCE (MIN. OF 30 MEMBERS)	October 1	\$5 x ____	
Insurance	October 1	\$ 232	
Monthly Membership Remittance	Monthly	\$5 x ____	
Council Assessment Fee	October 1	\$150	
Heart Lab K-6 k-8 only	October 1	25	
Todd Anton scholarship	January 1	100	

Total =

Task	Due Date	Done
End of year Audit	September 15	
Annual Financial Report	September 15	
Annual Adopted Budget For current year	September 15	
Tax Return State, Federal and RRF1	October 1	
Work's Compensation Annual Payroll form send with insurance payment	October 1	
Midyear audit	February 1	
Annual Historian Report (calculate hours through end of June)	April 1	
New officers List	April 15	

If you have any questions, please feel free to Email me: Cassiechurch@gmail.com

Make Checks Payable to: Lincoln Council PTA

PLEASE send via district mail TO:
Cassandra Church @ Colonial Heights