

8TH DISTRICT PTA

OUT OF 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	\$4.75 x ____	
Insurance	October 1	\$ 232	
Monthly Membership Remittance	Monthly	\$4.75 x ____	
		Total Amount =	

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 8thdtr@gmail.com

Make Checks Payable to: 8th District PTA
PLEASE MAIL TO: 8th District Treasurer Mary To

10136 River Falls Circle Stockton Ca 95209