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: _____

ITEM DESCRIPTION		AMOUNT
Membership dues: # _____ @ $ _____ (Council, district, State, National PTA portions)		$ 0.00
Insurance Premium (through channels to State PTA by 1/31)		
Late Charge Insurance (assessed by State PTA if after 1/31)		
Founders Day Freewill Offering		
Membership Envelopes		
Council Assessments		
District PTA Assessments		
CHECK #	**TOTAL**	**$** 0.00

Treasurer _____ Phone (_____)_____

Address _____

City/Zip _____ E-mail_____

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.

The following statement must appear on all local remittance statements in order that the National PTA publication, ***Our Children*** may qualify for second-class entry mailing:

"A portion of the total sum sent for the National portion of PTA membership dues is payment for one year's subscription to ***Our Children*** *of the National Congress of Parents and Teachers, which will be sent to the president of each local unit."*