

Santa Clarita Valley Council PTA Remittance Form

Units must use this form when submitting monies to council

Unit Name: _____ Date: _____

Treasurer's Name: _____ Phone: _____

| ITEM DESCRIPTION | | AMOUNT |
|--|--|------------------|
| Membership: Remit monthly | # of members _____ @ \$5.25 | |
| Unit Assessment: Due September 4, 2020 | \$50.00 | |
| Insurance Premium: Due September 4, 2020 | \$258 | |
| Unit Supplies: | Membership Envelopes - Color (bx) Qty: _____ @ \$15.00 | |
| Founders Day Freewill Offering <i>Optional</i> | Donations collected during Founder's Day Observances | |
| Misc.* Itemize miscellaneous remittance | | |
| | Check# _____ | Total: \$ |

Make check payable to: **SCV Council PTA**
 Mail to: **SCV Council PTA**
PO 800134
Santa Clarita, Ca 91380-0134



All checks must have TWO SIGNATURES
 Make a copy of this form for your records

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