

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 October 15, 2018	\$50.00	
Insurance Premium: Due October 15, 2018	\$232	
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 PTA**

Mail to: **SCV PTA**
Attn; Erin Hester
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*