

# 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
<b>Membership:</b> Remit monthly	# of members _____ @ \$5.25	
<b>Unit Assessment:</b> Due August 22, 2019	\$50.00	
<b>Insurance Premium:</b> Due August 22, 2019	\$232	
<b>Unit Supplies:</b>	Membership Envelopes - Color (bx) Qty: _____ @ \$15.00	
<b>Founders Day Freewill Offering</b> <i>Optional</i>	Donations collected during Founder's Day Observances	
<b>Misc.*</b> Itemize miscellaneous remittance		
	<b>Check#</b> _____ <b>Total: \$</b>	

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*