



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: _____

DESCRIPTION	AMOUNT
Membership dues: # _____ @ \$ _____ (Council, district, State, National PTA portions)	\$
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 \$

Treasurer _____ Telephone () _____
 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."*