

17th District PTA Remittance Form



Councils must use this sheet when submitting monies to District.
For PTA Councils in San Mateo County

Name of Council: _____ Council #: _____
 Address: _____
 Contact Person: _____ Position: _____
 Phone #: _____ Email: _____
 Check number: _____ Check date: _____

Total from attached unit itemization form	\$
Council Insurance (Due Jan. 15)	\$
Late Charge for Insurance (\$25/unit) assessed if postmarked after 1/15	\$
Founder's Day Freewill Offering (donations to California State PTA)	\$
Other payments (itemize)	\$
Total submitted (check payable to 17th District PTA)	\$

Please send this form, the unit itemization form and a copy of each unit's remittance form

Make check payable to: 17th District PTA - **All checks must have two signatures**

Mail with check to:

17th District PTA Financial Secretary, Susan Bell
 c/o: San Mateo County Office of Education
 101 Twin Dolphin Drive
 Redwood City, CA 94065-1064

Due Dates to 17th District (must be postmarked or received by):

- Oct. 15 Early Bird Award (for Units that submit dues for at least 15 members by due date)
- Nov. 1 Chairman's Club Award for units (submit at least 35 additional members per unit)
- Nov. 15 17 District deadline for first remittance of per capita (membership) dues
Continue remittance of dues on monthly basis as received.
- Jan. 15 Insurance Premium (Annual Premium amount announced in November **Seventeen**)
- Mar. 1 Final installment of per capita dues
- May 31 Deadline to forward Founder's Day Free Will Offering Donations

Questions? Call or email 17th District Officers

Financial Secretary ~ Susan Bell ~ financialsecretary@17thdistrictpta.org ~ 650 342-8706

Treasurer ~ Helen Geimer ~ treasurer@17thdistrictpta.org ~ 650 802-8424

For district use only: Received by _____ Date _____ • Deposited by _____ Date _____

(Sample of form to be customized for units in councils)

Remittance Form



Units must use this sheet when submitting monies to council.

For PTA Units in **(Add council name)** _____

Name of Unit: _____ Unit #: _____

Address: _____

Contact Person: _____ Position _____

Phone #: _____ Email: _____

Check number: _____ Check date: _____

Number of new/renewing members: _____	
Per capita total (annual membership dues) = # members x \$ _____ (Council, district, State, National PTA portions)	\$
Insurance (due add date to council)	\$
Late Charge for Insurance, (\$25, assessed if received after 1/15)	\$
Founder's Day Freewill Offering (donations to California State PTA)	\$
Council Assessments (itemize council-specific fees etc.)	\$
	\$
Total submitted	\$
Make check payable to: (insert name of council)	All checks must have two signatures

Mail TWO copies of this form and check to:

(Add council treasurer name, address)

Questions? Please contact your council officers

Treasurer: **Add council treasurer name, phone # and email address**

President: **Add council president name, phone # and email address**

For Council use only: Received by _____ Date _____ • Deposited by _____ Date _____