

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 ID #:	_____
Address:	_____			
Contact Person:	_____	Position	_____	
Phone #:	_____	Email:	_____	
Check number:	_____	Check date:	_____	

Total from attached unit itemization form	\$
Council Insurance (\$ 131 Due Nov. 15)	\$
Late Charge for Insurance (\$25/unit) assessed if postmarked after 11/15	\$
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, Emily Sarver
 c/o: San Mateo County Office of Education
 101 Twin Dolphin Drive
 Redwood City, CA 94065-1064

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

- Oct. 15 Ready Set Remit Award for units (submit at least 30 members per unit)
- Nov. 15 Deadline for first remittance of per capita (membership) dues
Continue remittance of dues on monthly basis as received.
- Nov. 15 Insurance Premium -\$131 per council; \$199 per unit
- Nov. 15 Tax filings IRS 990, FTB 199 due; send 17th District proof of filing
- Jan. 15 Workers Comp Report form

Questions? Call or email 17th District Officers

Financial Secretary ~ Emily Sarver ~ financialsecretary@17thdistrictpta.org ~ 650 592-6129

Treasurer ~ Bill Elting ~ treasurer@17thdistrictpta.org ~ 650 591-4903

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 \$_4.00_	\$
(Council(-?-), district (.50), State (1.25), National PTA portions (2.25))	
Insurance \$199 (due -add date- to council)	\$
Late Charge for Insurance, (\$25, assessed if received after 11/1)	\$
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 _____
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