

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 Dec. 31)	\$
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, Myra Gruschka
 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. 1 Early Bird Award (for Units that submit dues for at least 15 members by due date)
- Oct. 15 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.
- Dec. 31 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 ~ Myra Gruschka ~ financialsecretary@17thdistrictpta.org ~ 650 591-8843
Treasurer ~ Susan Bell ~ treasurer@17thdistrictpta.org ~ 650 342-8706

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 12/31)	\$
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 _____