

## Santa Clarita Valley Council PTA Remittance

*Complete this form and submit top half to council treasurer with remittance. Keep bottom half for your records.*

Unit \_\_\_\_\_

Date \_\_\_\_\_

Treasurer's Name \_\_\_\_\_

Phone \_\_\_\_\_

Membership	Bonding Insurance	W/C & Liability Insurance	Unit Assessment	Founders Day	Misc.*
\$	\$	\$	\$	\$	\$
Check #	Check #	Check #	Check #	Check #	Check #

**NUMBER OF MEMBERSHIPS:** \_\_\_\_\_

Total Remitted: \_\_\_\_\_

\* Itemize miscellaneous remittance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Santa Clarita Valley Council PTA Remittance

*Complete this half and keep for unit's records.*

Membership	Bonding Insurance	W/C & Liability Insurance	Unit Assessment	Founders Day	Misc.*
\$	\$	\$	\$	\$	\$
Check #	Check #	Check #	Check #	Check #	Check #

Unit \_\_\_\_\_

Date \_\_\_\_\_

**NUMBER OF MEMBERSHIPS:** \_\_\_\_\_ Total Remitted: \_\_\_\_\_

\* Itemize miscellaneous remittance: \_\_\_\_\_

\_\_\_\_\_