

# PTA REMITTANCE FORM

(Unit Treasurer: Remit in triplicate to Council Financial Secretary  
Include a self-addressed stamped envelope)

**Association:** \_\_\_\_\_

Date: \_\_\_\_\_ Check # \_\_\_\_\_

Category	Amount
General Liability & Workers' Compensation Insurance	\$
Founders Day Gift	
Membership Dues # of Members ( )	
State Convention Expenses	
Council Assessment	
Miscellaneous	
Membership Envelopes	
H.S.A Dinner	
H.S.A. Recipient Fee	
<b>TOTAL AMOUNT REMITTED:</b>	<b>\$</b>

Total Memberships To Date \_\_\_\_\_

\_\_\_\_\_  
Unit Treasurer Phone

RECEIVED PAYMENT \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Financial Secretary - Burbank Council Remit #

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