

UNIT REMITTANCE FORM

Los Alamitos Unified Council of PTA's

Unit Name: _____ Date: _____

Instructions for Unit Treasurers: This form should be used whenever you are submitting funds to Council. Please complete one form for each check you submit and retain a copy of the completed form for your unit records.

REMITTANCE FOR:	AMOUNT
Membership dues: # _____ @ \$ _____	
(Council, district, State, National PTA portions)	
Insurance Premium - \$221	
Insurance Late Fee - \$25	
Workers' Compensation Surcharge	
Founders Day Freewill Offering / Donation	
Founders Day Luncheon (please attach reservation form)	
Installation Luncheon (please attach reservation form)	
Council Assessment - \$ _____	
Membership Envelopes - \$15 for box of 500	
CHECK #	TOTAL \$

Unit Treasurer: _____ Telephone () _____

E-mail address: _____

Make check payable to: **Los Alamitos Unified Council of PTA's**

Mail to council treasurer (name): **Barb Ringhofer**

Address: **11851 Reagan St** City/Zip **Los Alamitos 90720**

Council treasurer E-mail: **Barb_ringhofer@yahoo.com** Telephone **562-547-2651**

All checks must have TWO SIGNATURES.

The following statement must appear on all local remittance statements in order that the National PTA publication, **Our Children** may qualify for second-class entry mailing:

*"A portion of the total sum sent for the National portion of PTA membership dues is payment for one year's subscription to **Our Children** of the National Congress of Parents and Teachers, which will be sent to the president of each local unit."*