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2017-18
PTA Remittance Form

555 Franklin Street, San Francisco, CA 94102, (415) 241-6048

Use as a Cover Sheet for All Money Remittances

Please make checks payable to the "Second District PTA." All PTA checks must be signed by **TWO AUTHORIZED SIGNERS**. Send to the Second District PTA, ATTN: Treasurer, 555 Franklin Street, San Francisco, CA 94102. Keep a copy for your records.

Name of PTA: _____ Date: _____

School's Street Address: _____ Zip: _____

Sender's Name: _____ Title: _____

Sender's Phone #: _____ Email: _____

Total Number of Memberships on this Report: _____

DESCRIPTION	AMOUNT
Membership Dues # members above @ \$4.75 per member (District Dues - \$.50, State Dues - \$2.00, * National Dues - \$2.25) <i>1st Remittance due by October 1, 2017, then every month, ending June 1, 2018</i>	\$
Insurance Premium @ \$ 228 per unit for the year This covers General Liability, Directors & Officers Liability, Fidelity Bond, and Workers' Compensation Insurance for 5 Jan 2017 – 4 Jan 2018. <i>Total premium is due by December 1, 2017</i>	\$
Insurance Late Fee @ \$25.00 <i>If premium is received after deadline of December 1, 2017– no exceptions</i>	\$
Additional Workers Comp Insurance @ 5% of total wages less \$1,000 Attach signed copy of WC Annual Payroll Report for the 5 Jan 17 – 4 Jan 18 year <i>Report and additional WC premium due in District office by January 15, 2018</i>	\$
Freewill Offering Varies Donations collected at Founders Day Celebrations <i>Total gift amount collected by unit due by May 15, 2018</i>	\$
TOTAL	\$

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

 2nd District PTA OFFICE USE ONLY Bank Name _____ Check # _____

Amount of Check \$ _____ Date Rec'd: _____ Received by: _____