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2018-19
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 # of memberships above @ \$4.75 per member (District Dues - \$.50, State Dues - \$2.00, * National Dues - \$2.25) <i>1st Remittance due by October 1, 2018, then every month, ending June 1, 2019</i>	\$
Insurance Premium @ \$ TBD per unit for the year This covers General Liability, Directors & Officers Liability, Fidelity Bond, and a portion of Workers' Compensation Insurance for 5 Jan 2018 – 4 Jan 2019. <i>Total premium is due by December 1, 2018</i>	\$
Insurance Late Fee @ \$25.00 <i>If premium is received after deadline of December 1, 2018– 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 18 – 4 Jan 19 year <i>Report and additional WC premium due in District office by January 15, 2019</i>	\$
Freewill Offering Varies Donations collected at Founders Day Celebrations <i>Total gift amount collected by unit due by May 15, 2019</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: _____