

UNIT REMITTANCE FORM

SADDLEBACK VALLEY COUNCIL PTA

Unit Name / Date: _____
School: _____

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: # _____ @ \$ 5.50	
(Council, district, State, National PTA portions)	
Insurance Premium - n/a	
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: **Saddleback Valley PTA**

Mail to council treasurer (name): **SVPTA, Attention: Kelly Galasieski**

Address: **25631 Peter A Hartman Way** City/Zip **Mission Viejo, 92691**

Council treasurer E-mail: **svptatreasurer@gmail.com** Telephone **949-683-9931**

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 svptatreasurer@gmail.com:

*"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."*