Orange Unified Council of PTAs - Unit Remittance Form

ALL Units Must Use This Form When Submitting Monies to Council

Unit Name: _____ **Date:**_____

Unit Address: _____

Unit State PTA ID Number: _____ **Check Number:** _____

ITEM DESCRIPTION		AMOUNT
Membership Dues: $6.75 per member	# members: _____	
Membership Envelopes: 500 envelopes @ $25.00 per box		
Annual Council Assessment Fee: $150.00 by 1st Wednesday in October		
Reflections Celebration $30 Suggested Donation		
Welcome Back Breakfast: (President/Principal) $20.00 per person	# attendees: _____	
Senior Scholarship Donation: $100.00 suggested		
Community Cares Donation: $30.00 suggested		
Founders' Day Freewill Offering: $30.00 suggested		
Installation Breakfast: $20.00 per person	# attendees: _____	
Insurance Premium: $345.00 (Unit pays directly to AIM by Dec. 1)		//////
Insurance Late Penalty: $25.00 if premium is paid after Dec. 20)		
TOTAL AMOUNT REMITTED		

Unit President Name:_____

Unit Treasurer Name:_____ **Cell Phone:** _____

Treasurer Email Address: _____

Make all checks payable to: Orange Unified Council of PTAs (OUCPTA)
ALL checks must have TWO Signatures. Keep a copy for your records.

Please submit remittance at monthly meetings.
Attn: OUCPTA Financial Secretary

If Mailing in:
Orange Unified Council of PTAs
Attn: OUCPTA Financial Secretary
Po Box 4833, Orange, Ca 92863-4833

Questions: financialsecretary@oucpta.org

Print Form