

PERALTA DISTRICT PTA REMITTANCE FORM

- OUT OF COUNCIL (OOC) UNITS

MAIL TO – Nancy Mitchell Treasurer Peralta District PTA
 44999 Cree Court Fremont, CA 94539
 QUESTIONS? Contact Nancy at (510) 657-2912 or email:
 treasurer@peraltadistrictpta.org

For Peralta District PTA Use Only:

Remittance #: _____

Date Received: _____

➤ Please fill out this form completely and legibly for proper allocation of funds. Many schools in Alameda County have identical names and we want to credit the proper PTA Unit with this payment. We will return a copy of this remittance form to the Unit Treasurer below for your Unit records.

<input type="checkbox"/> Albany <input type="checkbox"/> Castro Valley <input type="checkbox"/> Hayward <input type="checkbox"/> Livermore <input type="checkbox"/> Newark <input type="checkbox"/> New Haven <input type="checkbox"/> Oakland			
Unit/ School Name:		State PTA ID #:	<input type="checkbox"/> San Leandro
Treasurer's Name:		President's Name:	
Treasurer's Street Address/ City/ Zip (not school address):		President's Address:	
Treasurer's Phone #:	Treasurer's email:	President's phone #:	President's email:

<ul style="list-style-type: none"> ▪ MEMBERSHIP – remit monthly _____ Total membership on this report: <li style="margin-left: 20px;"><input type="checkbox"/> District Dues – \$0.50 per member \$ _____ <li style="margin-left: 20px;"><input type="checkbox"/> State/Natni. Dues – \$4.25 per member \$ _____ ▪ INSURANCE <li style="margin-left: 20px;"><input type="checkbox"/> EVERY UNIT – Insurance/Workers Comp Premium \$ _____ (see web site for amount) <u>Attach Workers Comp Form</u> If Unit did not pay an individual, write "None Paid" on form & submit. <li style="margin-left: 20px;"><input type="checkbox"/> Units with Total Covered Payroll greater than \$1,000: \$ _____ 5% surcharge on total payroll, less \$1,000. Due by January 15th <li style="margin-left: 20px;"><input type="checkbox"/> Late Units – Insurance Late fee (\$25 if mailing <u>PREMIUM</u> after December 7th) \$ _____ ▪ MISCELLANEOUS <li style="margin-left: 20px;"><input type="checkbox"/> Envelopes – \$15 per 500: Contact \$ _____ membership@peraltadistrictpta.org to pick up envelopes <li style="margin-left: 20px;"><input type="checkbox"/> Founders Day: \$ _____ <li style="margin-left: 20px;"><input type="checkbox"/> Other – Specify: \$ _____ 	<p><i>Please double check your figures before preparing the check.</i></p> <p>TOTAL: \$ _____</p> <p>NOTE – MAKE CHECKS PAYABLE TO 'PERALTA DISTRICT PTA'. ALL CHECKS MUST HAVE TWO (2) SIGNATURES.</p>
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For Peralta District PTA Use Only:

Payment Date	Check Number	Amount of Check	Received by

Copy sent to: Peralta Treasurer
 Peralta Membership
 Unit Treasurer
 Other _____

*The following must appear on all local, remittance statements for "Our Children" second-class mailing qualification:
 "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.*