Eighteenth District PTA

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2019-2021 Unit Remittance Form

Please use this form when submitting payments and reports.

*Remember to make a copy for your records before submitting.*

**Send reports and payments to:**

***18th District PTA***

***c/o Paul Boghosian***

***15 Menosse Ct, Vallejo, CA, 94590***

***treasurer@18thdistrictpta.org***

**To remain in good standing, units must submit reports and payments by these dates:**

 Important dates to remain in good standing:

|  |  |
| --- | --- |
| **End of Year Audit (for 2nd half of previous year) …………………………………………** | **September 15th** |
| **Annual Financial Report/Budget to Actual (for previous year) ………………………** | **September 15th** |
| **Annual Proposed Budget (for current year) ………………………………………………** | **September 15th** |
| **Insurance Premium + Workers’ Compensation Annual Payroll Report form …….** | **November 15th** |
| **Proof of State & Federal Taxes & RRF form being filed ……………………………** | **November 15th** |
| **Last day to remit minimum membership (15 to be “in good standing”) …………….** | **November 15th** |
| **Mid-Year Audit (covers current year, 1st half) …………………………………………….** | **March 15th** |
| **Annual End of Year Historian Report (send to 18th District Historian) ……………...** | **May 15th** |
| **New Board Elect Officers List……………………………………….……………….……...** | **June 1st** |
| **Bylaws…Submit ONE original, plus ONE full copy, AND 4 copies of just the signature page (front/back)**  **to: VP Leadership** – Mitsouky McElheney, 128 Ifland Way, Vallejo, CA 94589 |

 Other Important Dates:

|  |  |
| --- | --- |
| **Ready, Set, Remit... (minimum 30 members) …………………………………….** | **October 15th** |
| **Reflections Entries...……………………………………………………………….** | **December 1st** |
| **Final membership remittance for year-end awards ……………………………………….** | **June 5th** |

**Remittance Amounts**

|  |  |  |  |
| --- | --- | --- | --- |
| ** Remit Membership Dues:**  ($.75/District, $2.00/State,$ 2.25/National) | **$5.00 per member** | **# of members** | **$** |
| ** Membership Envelopes** (500 envelopes per box) | **$15.00 per box** | **# of boxes** | **$** |
| ** Remit Insurance \*Submit with Workers’ Comp form** Policy dates 1/5/20-1/4/21 ($25 late fee after 11/15/19) | **TBA****+ $25.00 late fee** | **Nov 15th** **after Nov 15** | **$** |
| ** Other: (**ex: training fees) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  | **$** |
| **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Check#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **TOTAL AMOUNT ENCLOSED** | **$** |

|  |  |  |  |
| --- | --- | --- | --- |
| Unit Name: |  | CAPTA Unit ID #: |  |
|  |  |  |  |
| Treasurer Name: |  |  |  |
|  |  |  |  |
| Address: |  | Zip Code: |  |
|  |  |  |  |
| Email: |  | Phone: |  |