

Irvine Unified Council PTA
Remittance Form 2018-2019

Unit Name: _____ President: _____
 Date: _____ Prez Email: _____
 PTA Unit #: _____ Treasurer: _____
 Check Amt: _____ Ck #: _____ Treas Email: _____

Please tell us the type of payment you are remitting:

Membership:

Pymt date: _____ \$5.50 x _____ # of members = \$ _____

Insurance payment due Sept. 19, 2018 \$232 \$ _____

Hospitality payment due Sept 19, 2018 \$40 \$ _____

Other Payments (please describe) \$ _____

Remittance should be paid every meeting month to IUCPTA.

All checks should be made payable to Irvine Unified Council PTA

Bring payment to Council meetings or leave in the drop box or
mail check with this remittance form to:

Irvine Unified Council PTA, c/o IUSD, 5050 Barranca Pkwy., Irvine, CA 92604

IUCPTA BOARD USE ONLY	Date Reviewed	Date Deposited	Initials
Finan. Sec. reviewed this document, removed check, copied & noted any discrepancies.	_____	_____	_____
Council VP reviewed this document & contacted unit.	_____	_____	_____