PERALTA DISTRICT PTA REMITTANCE FORM
- OUT OF COUNCIL (OOC) UNITS

MAIL TO – Sridevi Ganti, Financial Secretary, Peralta District PTA
4663 Rousillon Avenue, Fremont, CA 94555
QUESTIONS? Contact Sridevi at 510-742-1936 or financialsecretary@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.**

☐ Albany	☐ Castro Valley	☐ Hayward	☐ Livermore	☐ Newark	☐ New Haven	☐ Oakland	
Unit/ School Name:			**State PTA ID #:**		☐ 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:**		

- **MEMBERSHIP** **Total membership on this report: _____**

☐ **District Dues – *$0.50 per member*** **$ _____**

☐ **State Dues – *$1.25 per member*** **$ _____**

☐ **National Dues – *$1.75 per member*** **$ _____**

- **INSURANCE**

☐ **Every Unit – Insurance/Workers Comp Premium:** **$ _____**
Premium – PTA Unit - $202.
Attach Workers Comp Form
– If Unit did not pay an individual, write "None Paid" on form & submit.

☐ **Units with Total Covered Payroll greater than $1,000:** **$ _____**
5% surcharge on total payroll less $1,000

☐ **Late Units – Insurance Late fee *($25 if mailing premium after January 15th)*:** **$ _____**

- **MISCELLANEOUS**

☐ **Envelopes – *$10 per 500*:** **$ _____**

☐ **Founders Day:** **$ _____**

☐ **Other – Specify:** **$ _____**

Please double check your figures before preparing the check for **TOTAL: $ _____**

NOTE – MAKE CHECKS PAYABLE TO 'PERALTA DISTRICT PTA'. ALL CHECKS MUST HAVE TWO (2) SIGNATURES.

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.