



14TH DISTRICT UNIT REMITTANCE FORM

Valid July 2017 – June 2018

Please refer to this form when submitting payment and reports.

All checks should be made payable to: 14th District PTA

Contact info, including email addresses, can be found online at www.14thdistrictpta.org

To remain in good standing, unit report and payments must be received by the following dates:

Report Name:	Due By:	How to submit:	Submitted?
PTA Unit Bank Information	September 15 th	Email 14 th Dist. Treasurer	
Monthly Unit Report	15 th of each month	Email 14 th Dist. President	
Annual Financial Report (previous year)	September 15 th	Upload to PTAEz	
End of Year Audit (Jan-June 2017)	September 15 th	Upload to PTAEz	
Approved budget for 2017-2018	September 15 th	Email 14 th Dist. Treasurer	
First membership remittance*	October 15 th	Mail to 14 th Dist Treasurer	
Tax Form & Charitable Trust	November 15 th	Upload to PTAEz	
Remit Insurance Premium (\$228)**	November 15 th	Mail to 14 th Dist Treasurer	
Worker's Compensation Annual Report**	November 15 th	Mail to 14 th Dist Treasurer	
Mid-year audit (June-Dec 2017)	March 15 th	Upload to PTAEz	
New Officers List	April 15 th	Upload to PTAEz	
Unit Annual Report/Volunteer Hours	April 15 th	Email to 14 th Dist. Secretary	

*Membership Remittance

Remittances of membership dues should be sent to district monthly. **Please submit your first membership remittances by October 15th.**

District deadlines to be eligible for CA PTA membership rewards:

Ready, Set....Remit: October 15th

Last chance to be in good standing: November 15th

100% Teacher Participation: January 15th

Final remittance: June 15th

**Insurance Premium and Worker's Comp Annual Report

PTA's insurance policy runs from January 5, 2018 – January 5, 2019. The amount due is \$228. **Your payment must be received by November 15th, 2017.** A \$25 late fee will apply for funds received after December 1st, 2017.

Insurance Premium and Worker's Comp Annual Report should be mailed directly to 14th District Treasurer.

Date: _____ Unit Name: _____

Person completing form and submitting payment: _____

Payment Being Submitted:

_____ membership remittance

_____ insurance remittance

_____ other:

Membership Remittance Information:

_____ X _____ \$4.75 = _____
new members x amount due per member total amount due

Notes:

Worker's Compensation Report, Insurance, and Membership payments should be mailed to:

14th District Treasurer

c/o Michelle Wing

8024 Mackey Ct, Rohnert Park, CA 94928