

# TREASURER'S MONTHLY REMITTANCE FORM

ASSOCIATION: \_\_\_\_\_

DATE OF REPORT: \_\_\_\_\_ DATE OF MEETING: \_\_\_\_\_

TREASURER'S SIGNATURE: \_\_\_\_\_

ITEM DESCRIPTION	INVOICE DATE	INVOICE NO. (if applicable)	AMOUNT

Number of Cheques enclosed: \_\_\_\_\_

TOTAL:



Please indicate: Cheque { } Money Order { } VISA { } Mastercard { }

Cardholder's Name: \_\_\_\_\_  
(Please Print)

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_  
(Approval for payment by credit card)

## OUTSTANDING INVOICES

Please list the invoice numbers and amount of any O5PBA invoices your association has not paid as of this remittance.

O5PBA INVOICE #	AMOUNT	DATE TO BE PAID