

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.

<i>O5PBA INVOICE #</i>	<i>AMOUNT</i>	<i>DATE TO BE PAID</i>