



# Ontario 5 Pin Bowlers' Association

## 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