

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:

\$	
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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