**CAMARILLO PTA COUNCIL**

**UNIT GENERAL REMITTANCE FORM**

**Units must use this sheet when submitting monies to Council.**

Date Unit Name

Make check payable to: **Camarillo PTA Council**.

**Mail to council treasurer**:

Elmira Ponti

Address: 6125 Fremont Circle, Camarillo, CA 93012

Phone: 805-469-7296

Email: john\_ponti@verizon.net

**Make a copy for your records**.

|  |  |
| --- | --- |
| **ITEM DESCRIPTION** | **AMOUNT** |
| Insurance Premium (**Due to Council by November 1, 2017)** | **$228**  | **00** |
| Founders’ Day Freewill Offering |  |  |
| PTA Council Assessment (**Due by November 1, 2017**) | **$300** | **00** |
| HSA Dinners #\_\_\_\_\_\_\_ @ $\_\_\_\_\_\_\_\_  |  |  |
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| **TOTAL Check #** | **$** |  |