Remittance Form Complete, print, and attach to all payments made to Council

Glendale Council PTA 223 N. Jackson St. #107

ients made to Council.	Giendale, CA 91206	rev. Aug 2020
Date:		
Unit:		
Treasurer:		
Treasurer's email address:		

ITEM	QTY.	COST each	AMOUNT
Membership Envelopes (box of 500)		\$15.00	\$ -
Insurance Premium		TBD	\$ -
Council Operating Contribution		\$150.00	\$ -
PTA Meeting/Training*			\$ -
Administrator's Luncheon			\$ -
Founders Day Dinner			\$ -
Founders Day Freewill Donation**			
Convention Fees, Dinners, etc.*			
Tri-Concessions*			
Other (describe in row below)			
Other (describe in row below)			
		•	
Check #		TOTAL:	\$0.00
•		•	

^{*}Amounts may vary. Use the amount provided by Council PTA.

^{**}Donations are voluntary, and determined by the Association.