



TREASURER'S MONTHLY REMITTANCE FORM

7402 Westshire Dr. Suite 115
Lansing, MI 48917-8687
Phone: 517-622-4PTA

ID# _____ COUNCIL/DISTRICT _____

UNIT/COUNCIL NAME _____

COUNTY _____

REGION _____

SCHOOL ADDRESS _____

CITY, STATE, ZIP _____

PRESIDENT _____

ADDRESS _____

E-MAIL _____

PHONE _____

TREASURER _____

ADDRESS _____

E-MAIL _____

PHONE _____

MONTH _____	YEAR _____
NUMBER OF MEMBERS DUES @ \$3.75 EACH	X <u> </u> \$ _____
FOUNDER'S DAY GIFT	+ \$ _____
TOTAL REMITTANCE	= \$ _____

*****FOR OFFICE USE ONLY*****

CHECK # _____	AMOUNT _____
DATE REC'D _____	PROCESSED BY _____



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