

**COUNCIL REMIT FORM**

Revised 07/2017

1. Attach this form to each payment. Make checks payable to **Fremont Council PTA**.
2. If using computer, only fill the top portion otherwise fill both portions.
3. Send file to fcpta.documents@gmail.com. Submit a paper copy at a FCPTA meeting or mail it to  
**Geetha R. Chandvasekav 5016 Crandallwood Dr. Fremont CA 94555**

**UNIT COPY: To be returned to the unit and should be attached to the reimbursement form**

<b>UNIT Name:</b>		<b>Cash Y/N:</b>		<b>Check #:</b>	
<b>Submitted by:</b>		<b>Phone:</b>			
<b>Payment Category</b>		<b>Quantity</b>		<b>Amount</b>	
1	Per Caps (\$5.25/member)				-00
2	Membership Envelops (\$15/box)				-00
3	Insurance Base Fee (\$228)				
	Late Fee				
	Surcharge (if necessary)				
	Total Insurance				
4	Founders Day				
5	Awards and Installation				
6	Goodwill Offering				
7	Other				
8	Refund (attach details)				
<b>TOTAL</b>					<b>-00</b>

**For FCPTA use only**

Received by:

Date:

Receipt #:

Deposit #:

**COUNCIL COPY: To be kept by FCPTA to be attached to the Cash Verification Form.**

<b>UNIT Name:</b>		<b>Cash Y/N:</b>		<b>Check #:</b>	
<b>Submitted by:</b>	0	<b>Phone:</b>	0		
<b>Payment Category</b>		<b>Quantity</b>		<b>Amount</b>	
1	Per Caps (\$5.25/member)		-00		-00
2	Membership Envelops (\$15/box)		-00		-00
3	Insurance Base Fee (\$228/year)				-00
	Late Fee				-00
	Surcharge (if necessary)				-00
	Total Insurance				-00
4	Founders Day		-00		-00
5	Awards and Installation		-00		-00
6	Goodwill Offering		-00		-00
7	Other		-00		-00
8	Refund (attach details)		-00		-00
<b>TOTAL</b>					<b>-00</b>

**For FCPTA use only**

Received by:

Date:

Receipt #: 0

Deposit #: 0