Eighteenth District PTA
2022-2023 Unit Remittance Form
Please use this form when submitting payments and reports.

Remember to keep a copy for your records before submitting.

Mail payments made out to 18th District PTA to:

Rhonda Brambley  18th District PTA
154 Juniper St   Vacaville, CA, 95688
18treasurer@gmail.com

To remain in good standing, units must submit payments and reports to 18th District by these dates:

☐ Membership dues (non TOTEM)......................................................................................................................
☐ Last day to remit (non TOTEM) minimum 15 memberships to be “in good standing”.
☐ Final (non TOTEM) membership remittance for year-end totals

REMITTANCE AMOUNTS:

☐ Membership Dues (non TOTEM)  
($.75/District, $2.00/State,$ 2.25/National)
☐ Membership Envelopes  
(500 envelopes per box)
☐ Insurance Late Fee  
$25 late fee after 12/20/2022

***Insurance goes directly to AIM***

☐ Other: (ex: training fees) ____________________________ 

Date________________ Check#_______________ TOTAL AMOUNT ENCLOSED $______________

Upload reports into myptez or email pdfs to:
Darlene Dobie  
18compliances@gmail.com

☐ End of Year Audit (for 2nd half of previous year Jan 1-June 30).................................................................
☐ Annual Financial Report/Budget to Actual (for July 1-June 30 previous year)
☐ Approved Budget (for July 1-June 30 current year) ......................................................................................
☐ Approved Calendar (for July 1-June 30 current year) ..................................................................................

☐ Copy of 2021-2022 AG RRF/CTTR1 renewal .............................................................
☐ Copy of 2021-2022 State FTB 199 filed .................................................................
☐ Copy of 2021-2022 Federal IRS 990 filed ...........................................................
☐ Copy of proof of insurance submitted to AIM .............................................................
☐ Copy of Workers Comp Filing (1/5/22-1/4/23).................................................................
☐ Mid Year Audit (for 1st half of current year July 1-Dec 31).................................................................

Unit Name: ___________________________________________________________________ CAPTA Unit ID #: __________________
Treasurer Name: ____________________________________________________________

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