



Nassau Region  
**PTA**

*everychild.one voice.*

**REMITTANCE FORM**

OFFICE USE	
Date Rec'd	_____
Date Deposited	_____
Deposit #	_____
Categories	Amt _____
	Amt _____
	Amt _____

**USE THIS FORM WHEN SUBMITTING MONIES RECEIVED FROM ALL NASSAU REGION PTA ACTIVITIES. NO MONIES SHOULD BE HELD OVER TWO WEEKS. DO NOT WAIT FOR ALL MONIES TO BE RECEIVED BEFORE SUBMITTING REMITTANCE FORM.**

**SUBMIT TO TREASURER:**

- Entire form – Goldenrod is your file copy after form is initialed by Treasurer
- Cash, Coins and all checks. Make sure all checks are made out to Nassau Region PTA. All unit/council checks must have 2 signatures and be properly dated with correct written amount

NAME OF ACTIVITY \_\_\_\_\_

CASH \$ _____	SUB TOTAL _____	
COIN \$ _____	SUB TOTAL _____	TOTAL _____

# CHECKS _____	@ _____	= _____
# CHECKS _____	@ _____	= _____
# CHECKS _____	@ _____	= _____
# CHECKS _____	@ _____	= _____
# CHECKS _____	@ _____	= _____
# CHECKS _____	@ _____	= _____
# CHECKS _____	@ _____	= _____
# CHECKS _____	@ _____	= _____
# CHECKS _____	@ _____	= _____
# CHECKS _____	@ _____	= _____
#CHECKS _____	@ _____	= _____

TOTAL # CHECKS _____	SUB TOTAL _____	TOTAL _____
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SUBMITTED BY: _____	BOARD POSITION _____
PHONE # _____	DATE _____

TREASURER'S INITIALS \_\_\_\_\_  
DATE: \_\_\_\_\_

SUBMIT: Entire form to Treasurer - Goldenrod copy will be returned for your files