COUNCIL REM	IIT FORM		Revised August 2023
. Attach this form	to each payment. Make checks payable to Fre	emont Council PTA	
. If using compute	er to complete, only fill the top portion due to au	utofill at the bottom; o	otherwise fill both portions.
. Email file to fina	ncial.secretary@fcpta.org, and regular mail/po	st this remittance for	m and check to our officer:
Bala Krishnam	urthy 6157 Linford Terrace Fremont CA 9	4555	
INIT COPY: To L	e returned by council to the unit and should	d be attached to the Cash Y/N:	e reimbursement form. Check #:
Submitted by:		Phone:	
Payment Category		Quantity	Amount
1	Per Caps Pass Through (\$5.25/member)		-
2	Membership Envelopes (\$15/box)		-
3	Founders Day		
4	Awards and Installation		
4			
5			
5	Goodwill Offering		

Received by:	

UNIT Name:		Cash Y/N:		Check #:		
Submitted by:	0	Phone:	0			
Payment Category		Quantity		Amount		
1	Per Caps Pass Through (\$5.25/member)		-			
2	Membership Envelopes (\$15/box)		-			
3	Founders Day		-			
4	Awards and Installation		-			
5	Goodwill Offering		-			
6	Other		-			
7	Refund (attach details)		-			
	TOTAL					
For FCPTA use o	anhy and a second se			Receipt #:		
Received by:		Date:		Deposit #:		

Date:

Deposit #: