Ninth District PTA
everychild. onevoice.

Insurance Billing Statement

6401 Linda Vista Road, Annex A
San Diego, CA 92111
Phone: 858-268-8077
Fax: 858 -268-8017
Email: phoebe@sdcoe.net

Statement Date	Policy Period
August 5, 2010	From 1/5/2011 to 1/4/2012

COMMENTS:
* Payments are due on or before 11/15/2010
* Submit a copy of Workers' Compensation form with insurance payment.

BILL TO:

Name of Unit _____

Name of Council _____

DESCRIPTION	RATE	AMOUNT
Unit PTA Premium	196.00	
Late Fee - Must accompany payment for processing if received after 12/15/2010	25.00	
	TOTAL DUE	

REMITTANCE	
Due Date	11/15/2010
Check #	
Amount Enclosed	

All PTA checks must have two signatures
Unit PTA/PTSA make checks payable to your council PTA

Thank You for Your Payment!