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: ninthdistrictpta@sdcoe.net

Statement Date	Policy Period
September 9, 2011	From 1/5/2012 to 1/4/2013

BILL TO: Name of Unit _____
Name of Council _____

CHOOSE THE APPROPRIATE PREMIUM	RATE
Unit PTA Premium	199.00
Council PTA Premium	131.00

REMITTANCE	
Due Date	November 17, 2011
Check #	
Amount Enclosed	

Submit a copy of Workers' Compensation Annual Payroll Report form with payment.

Payments are due to Ninth District on or before November 17, 2011.
If unit is in council, check with council for council due date.

Unit PTA/PTSA make checks payable to council PTA and remit through council

Council PTAs and out of council PTA/PTSA make check payable to Ninth District PTA and remit directly to Ninth District

Payments received by Ninth District after 11/17/2011 may be assessed a $25 late fee

All PTA checks must have two signatures

Thank You for Your Payment!