

Ninth District



Insurance Billing Statement

6401 Linda Vista Road, Annex A

San Diego, CA 92111

Phone: 858-268-8077

Fax: 858 -268-8017

Email: office@ninthdistrictpta.org

Statement Date	Policy Period
October 3, 2017	From 1/5/2018 to 1/4/2019

COMMENTS: * Payments are due on or before 11/15/2017
* Submit a copy of Workers' Compensation form with insurance payment.

BILL TO: Name of Unit _____
Name of Council Out of Council

DESCRIPTION	RATE	AMOUNT
Unit PTA Premium	228.00	
Late Fee - Must accompany payment for processing if received after 11/15/2017	25.00	
TOTAL DUE		\$ -

REMITTANCE	
Due Date	11/15/2017
Check #	
Amount Enclosed	\$ -

All PTA checks must have two signatures
Unit PTA/PTSA make checks payable to your council PTA
Council PTAs & out of council PTA/PTSA Make all checks payable to Ninth District PTA

Thank You for Your Payment!