Treasurer Huddle

August 13, 2026

Ninth District PTA

This meeting is being recorded and will be posted on the Ninth District PTA website for future viewing.

Presentation Overview

- **Cents-ible Solutions:**
  - Income & Expenses
- **Collaborative Solving:**
  - Money Accounts
- **Hot Seat:**
  - Open Q & A for your current “financial fires” and roadblocks.

Income

- **Cash Verification Form - Required for**
  - all income received at events,
  - membership,
  - donations
- ACH/Online Deposit Receipt - Required for all
  - ACH deposits (Totem, Future Fund, Zelle)
  - Bank Interest
- Authorization to Transfer Funds Between Accounts - Required for all
  - Transfers between Bank Accounts
  - Transfer Money Handling Accounts
    - Zeffy, Give Butter, Stripe, PayPal, Other

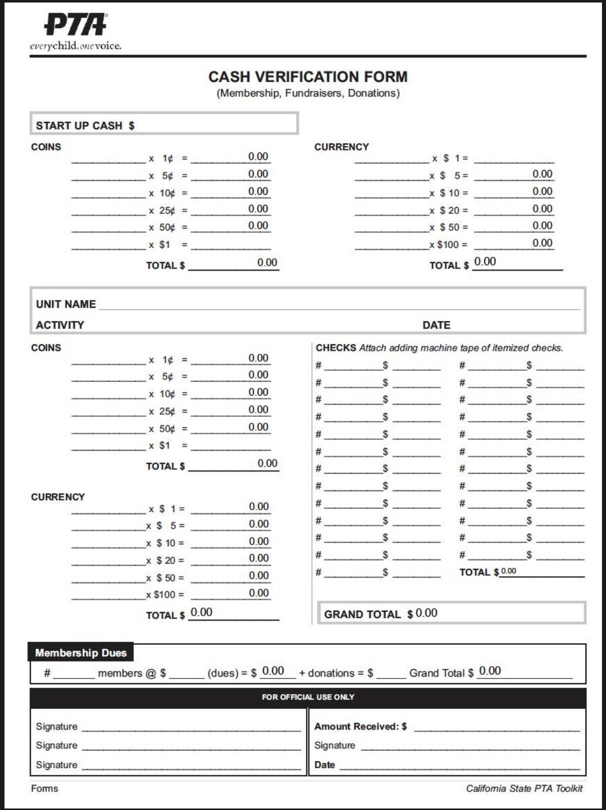
Cash Verification Form

- **Requirements for Counting Cash/Checks**
  - At least 2 members count,
  - At least 1 is an executive board member or chairperson
  - Cash Verification form must have at least 2 signatures (treasurer may be one of the 2 or a 3rd signature)
  - Verify correct unit name on checks - Banks may reject checks with a different name
  - If start-up cash was used - count it separately and redeposit separately - **do not store for petty cash**
  - All signatories keep a copy of the form
  - If money is for membership, complete the membership portion of form
  - An option is one form for each Income Category

Deposits

- **Depositing Money to Bank**
  - Ideally money should be deposited on the same day
    - Deposit should be made by an Executive Board member
    - Bank receipt should be attached to the Cash Verification form
      - May want to keep copy of deposited checks for reference
  - If unable to deposit same day the money is stored securely -
    - Money is deposited as soon as possible (less than 5 days)
    - Recount before deposit

Cash Verification Forms



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CASH VERIFICATION FORM
(Membership, Fundraisers, Donations)

START UP CASH $

COINS		CURRENCY	
x 1¢ =	0.00	x $ 1 =	
x 5¢ =	0.00	x $ 5 =	0.00
x 10¢ =	0.00	x $ 10 =	0.00
x 25¢ =	0.00	x $ 20 =	0.00
x 50¢ =	0.00	x $ 50 =	0.00
x $1 =		x $100 =	0.00
TOTAL $	0.00	TOTAL $	0.00

UNIT NAME
ACTIVITY DATE

COINS	
x 1¢ =	0.00
x 5¢ =	0.00
x 10¢ =	0.00
x 25¢ =	0.00
x 50¢ =	0.00
x $1 =	
TOTAL $	0.00

CURRENCY	
x $ 1 =	0.00
x $ 5 =	0.00
x $ 10 =	0.00
x $ 20 =	0.00
x $ 50 =	0.00
x $100 =	0.00
TOTAL $	0.00

CHECKS *Attach adding machine tape of itemized checks.*

#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	TOTAL $	0.00

GRAND TOTAL $ 0.00

Membership Dues
____ members @ $ ____ (dues) = $ 0.00 + donations = $ ____ Grand Total $ 0.00

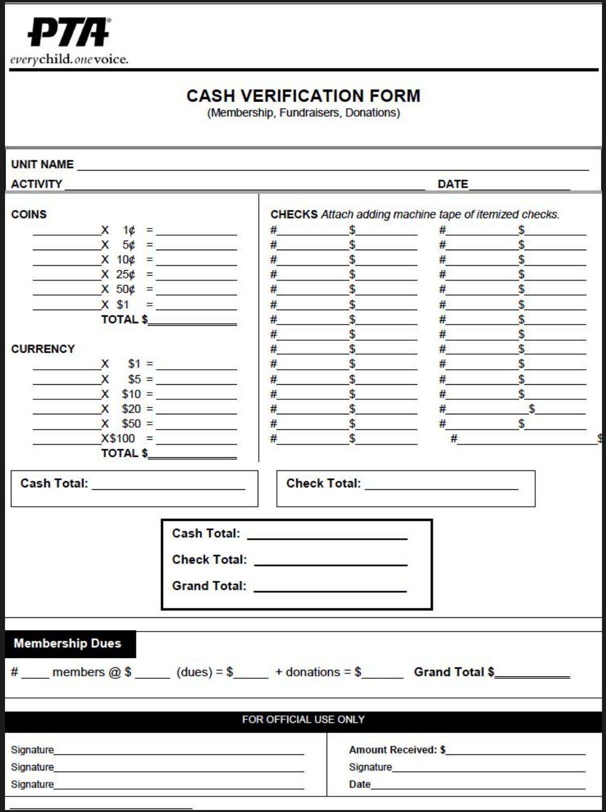
FOR OFFICIAL USE ONLY

Signature
Signature
Signature

Amount Received: $
Signature
Date

Forms California State PTA Toolkit

[Cash Verification with Start-up Cash](#)



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CASH VERIFICATION FORM
(Membership, Fundraisers, Donations)

UNIT NAME
ACTIVITY DATE

COINS	
X 1¢ =	
X 5¢ =	
X 10¢ =	
X 25¢ =	
X 50¢ =	
X $1 =	
TOTAL $	

CURRENCY	
X $1 =	
X $5 =	
X $10 =	
X $20 =	
X $50 =	
X$100 =	
TOTAL $	

CHECKS *Attach adding machine tape of itemized checks.*

#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$

Cash Total: Check Total:

Cash Total:
Check Total:
Grand Total:

Membership Dues
____ members @ $ ____ (dues) = $ ____ + donations = $ ____ Grand Total $

FOR OFFICIAL USE ONLY

Signature
Signature
Signature

Amount Received: $
Signature
Date

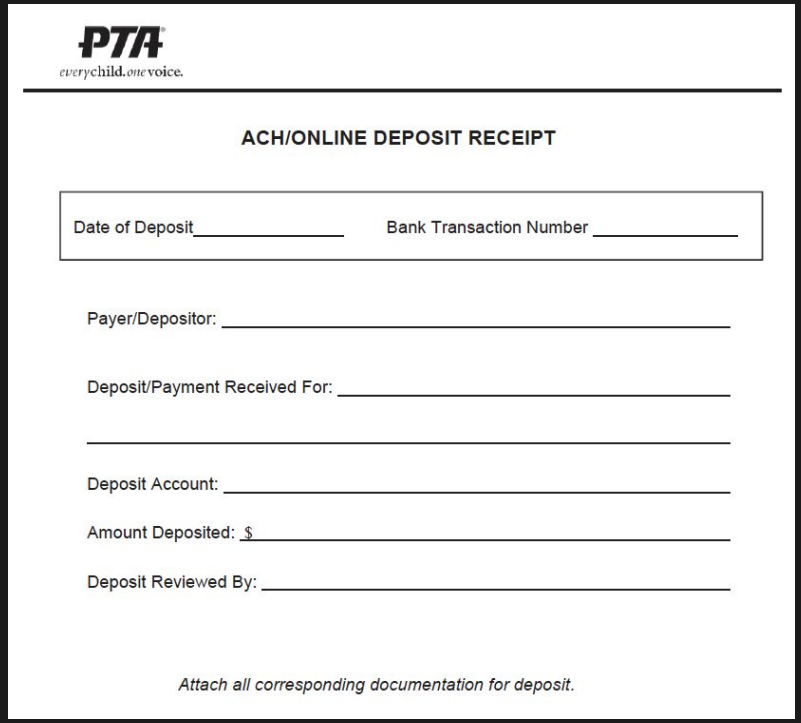
[Cash Verification without Start-up Cash](#)

ACH/Online Deposit Receipt

- **Required for**
  - ACH deposits (Totem, Future Fund, Zelle)
  - Bank Interest
  - Other automatic deposits
- **Attach documentation**
  - Totem - Payout Report -
    - Record donations, membership and bank fees separately
  - Future Fund Payout Report ??
  - Zelle - does not provide reports
    - Unit should create a way to document money received - not recommended for use

ACH/Online Deposit Receipt

- Information Needed
  - Date of Deposit
  - Payer/Depositor
  - Received For
  - Account Deposited to
  - Amount of Deposit
  - Signature - Treasurer or whoever verifies deposit
  - Attach documentation if any is available.



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ACH/ONLINE DEPOSIT RECEIPT

Date of Deposit_____ Bank Transaction Number _____

Payer/Depositor: _____

Deposit/Payment Received For: _____

_____

Deposit Account: _____

Amount Deposited: $_____

Deposit Reviewed By: _____

Attach all corresponding documentation for deposit.

- ACH/Online Deposit Receipt

Authorization to Transfer Funds Between Accounts

- **Use for all Transfers**
  - Provide the reason for the transfer
    - Fall Festival Expense
    - Decrease balance in Checking
    - Transfer PayPal to Bank Account
  - Account Transfer is From
  - Account Transfer is To
  - Amount being Transferred
  - Signature of the person requesting the transfer - usually the treasurer
  - Signature of another bank signer
- Attach any documentation for the transfer
  - Money Handling Platform Report
  - PayPal, Zeffy, Give Butter, Other

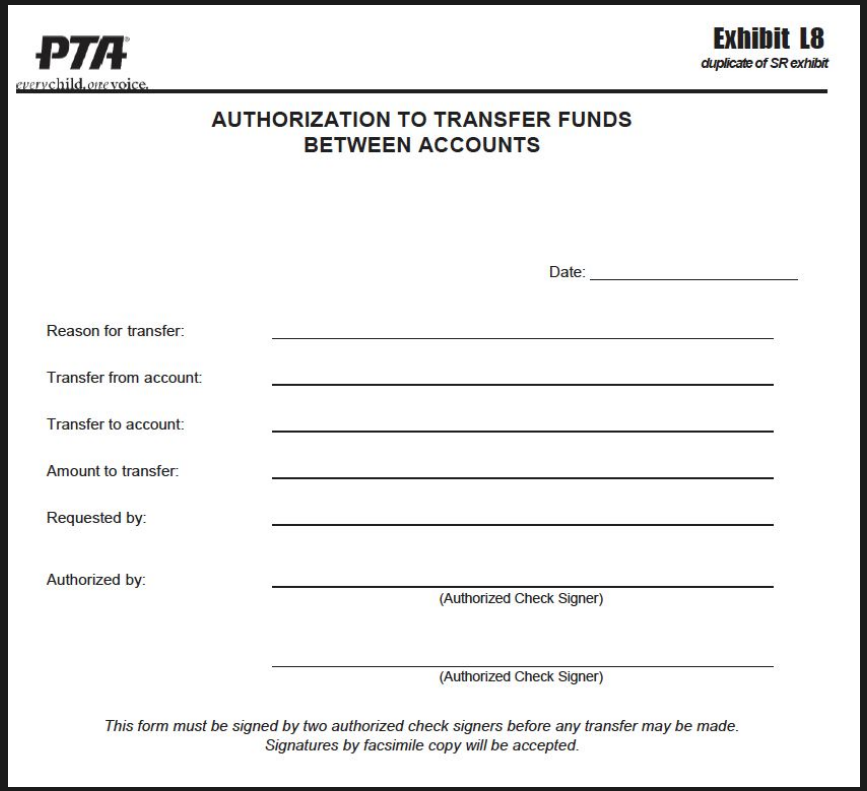

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Exhibit L8
duplicate of SR exhibit

AUTHORIZATION TO TRANSFER FUNDS BETWEEN ACCOUNTS

Date: _____

Reason for transfer: _____

Transfer from account: _____

Transfer to account: _____

Amount to transfer: _____

Requested by: _____

Authorized by: _____
(Authorized Check Signer)

_____
(Authorized Check Signer)

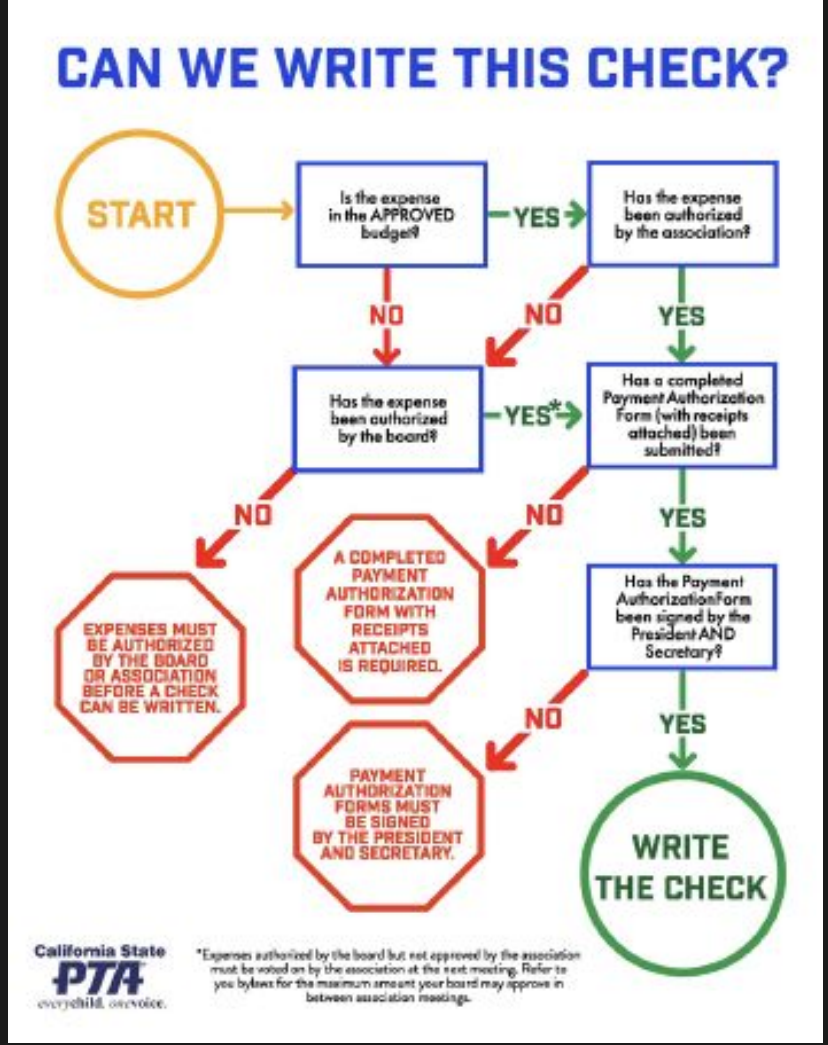
This form must be signed by two authorized check signers before any transfer may be made.
Signatures by facsimile copy will be accepted.

Payment Authorizations

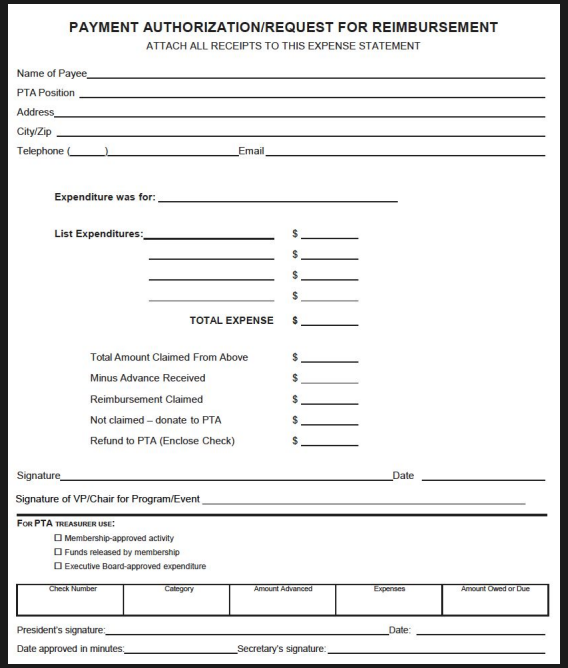
- **Required for all Payments made by the PTA**
  - Reimbursements
  - Invoices from a business
  - Debits
  - ACH/EFT Payments
  - Start-up Cash Checks - **never make cash withdrawals.**
- **Must have receipts/invoice attached**
- **Must be completed and amount verified *before* payment is made.**
  - If amount is over budget executive board must approve before payment is made.
  - May pay before secretary signs as the approval by association may come at next association meeting

Check Writing Flowchart

- **Note:**
  - Secretary signs and dates the date the expense was approved by the Association
  - Your unit may select one of two dates
    - The date the funds were released by the association, or
    - The date the expense was ratified by the association.
  - If your unit selects the ratification date, the secretary will sign the forms after the check was written
- **Payment Authorization Check Boxes**
  - Membership Approved Activity
  - Funds Released by Membership
  - Executive Board Approved Expenditure



Payment Authorization Forms - 2 Types



PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name of Payee_____

PTA Position _____

Address_____

City/Zip _____

Telephone (_____)_____Email _____

Expenditure was for: _____

List Expenditures: _____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

TOTAL EXPENSE $ _____

Total Amount Claimed From Above $ _____

Minus Advance Received $ _____

Reimbursement Claimed $ _____

Not claimed – donate to PTA $ _____

Refund to PTA (Enclose Check) $ _____

Signature_____Date _____

Signature of VP/Chair for Program/Event _____

FOR PTA TREASURER USE:

☐ Membership-approved activity

☐ Funds released by membership

☐ Executive Board-approved expenditure

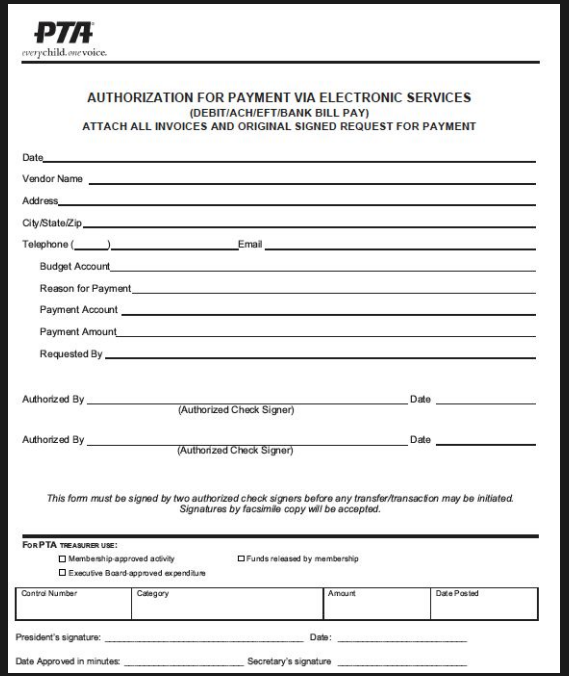
Check Number	Category	Amount Advanced	Expenses	Amount Owed or Due

President's signature:_____Date: _____

Date approved in minutes:_____Secretary's signature:_____

Both Require

- Receipts for the amount being requested
- Signature of person requesting payment
- President's Signature
- Secretary's Signature
- Date the Payment was authorized by the Association



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AUTHORIZATION FOR PAYMENT VIA ELECTRONIC SERVICES

(DEBIT/ACH/EFT/BANK BILL PAY)

ATTACH ALL INVOICES AND ORIGINAL SIGNED REQUEST FOR PAYMENT

Date_____

Vendor Name _____

Address_____

City/State/Zip_____

Telephone (_____)_____Email _____

Budget Account_____

Reason for Payment_____

Payment Account _____

Payment Amount_____

Requested By _____

Authorized By _____ Date _____

(Authorized Check Signer)

Authorized By _____ Date _____

(Authorized Check Signer)

This form must be signed by two authorized check signers before any transfer/transaction may be initiated. Signatures by facsimile copy will be accepted.

FOR PTA TREASURER USE:

☐ Membership-approved activity ☐ Funds released by membership

☐ Executive Board-approved expenditure

Control Number	Category	Amount	Date Posted

President's signature: _____ Date: _____

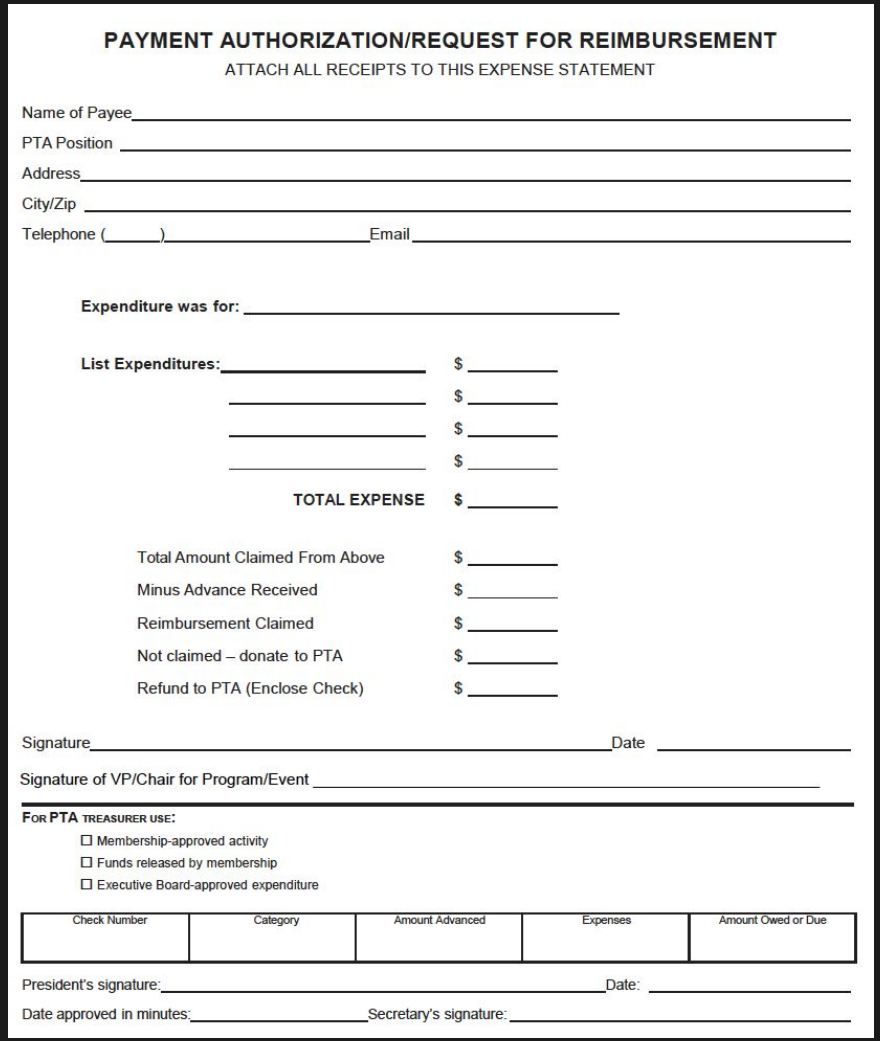
Date Approved in minutes: _____ Secretary's signature _____

Payment Authorization/ Reimbursement

Authorization for Payment via Electronic Services

Payment Authorization/ Request for Reimbursement

- **Payment Authorization**
  - Should be completed by person requesting the payment
  - PTA Position would be for the person requesting the payment be authorized
  - Payee and Address is for the person, business or organization to be paid
  - Must be signed by PTA member requesting/authorizing payment
- Treasurer to complete- check number, category, amount, amount paid and approval level check boxes.
- President and Secretary Signatures with dates required



PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name of Payee_____

PTA Position _____

Address_____

City/Zip _____

Telephone (_____)_____ Email _____

Expenditure was for: _____

List Expenditures: _____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

TOTAL EXPENSE $ _____

Total Amount Claimed From Above $ _____

Minus Advance Received $ _____

Reimbursement Claimed $ _____

Not claimed – donate to PTA $ _____

Refund to PTA (Enclose Check) $ _____

Signature_____ Date _____

Signature of VP/Chair for Program/Event _____

FOR PTA TREASURER USE:

☐ Membership-approved activity

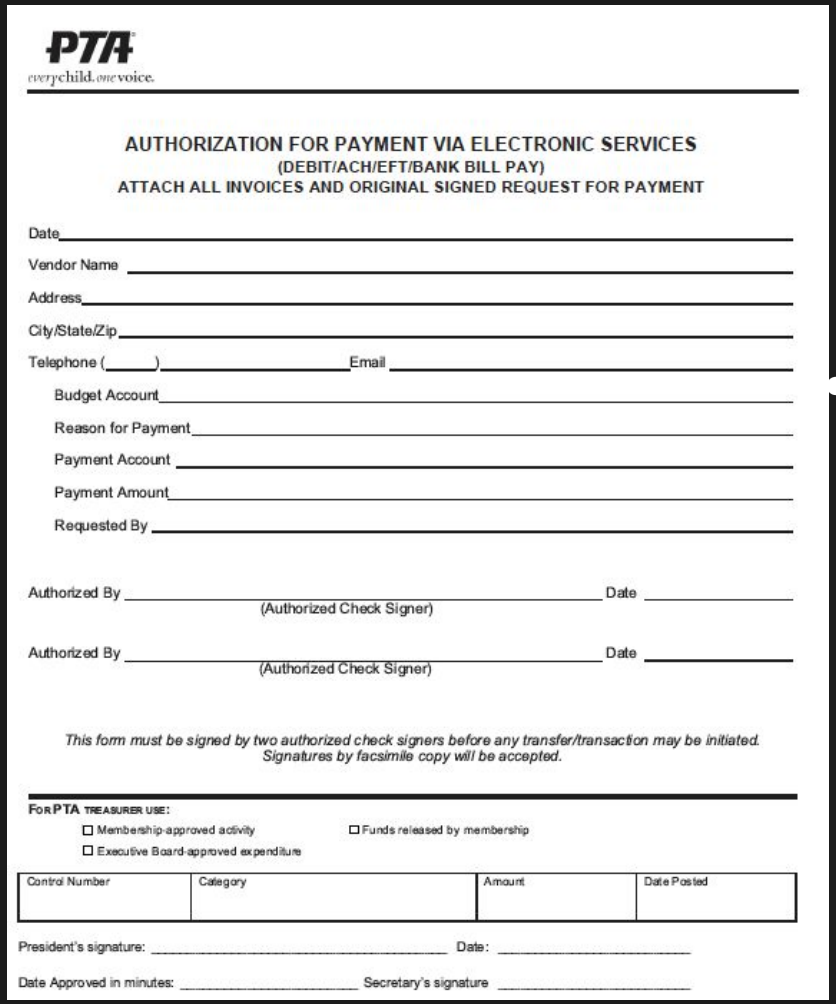
☐ Funds released by membership

☐ Executive Board-approved expenditure

Check Number	Category	Amount Advanced	Expenses	Amount Owed or Due

President's signature:_____ Date: _____

Date approved in minutes:_____ Secretary's signature: _____



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AUTHORIZATION FOR PAYMENT VIA ELECTRONIC SERVICES
(DEBIT/ACH/EFT/BANK BILL PAY)
ATTACH ALL INVOICES AND ORIGINAL SIGNED REQUEST FOR PAYMENT

Date _____
Vendor Name _____
Address _____
City/State/Zip _____
Telephone (_____) _____ Email _____
Budget Account _____
Reason for Payment _____
Payment Account _____
Payment Amount _____
Requested By _____

Authorized By _____ Date _____
(Authorized Check Signer)

Authorized By _____ Date _____
(Authorized Check Signer)

This form must be signed by two authorized check signers before any transfer/transaction may be initiated. Signatures by facsimile copy will be accepted.

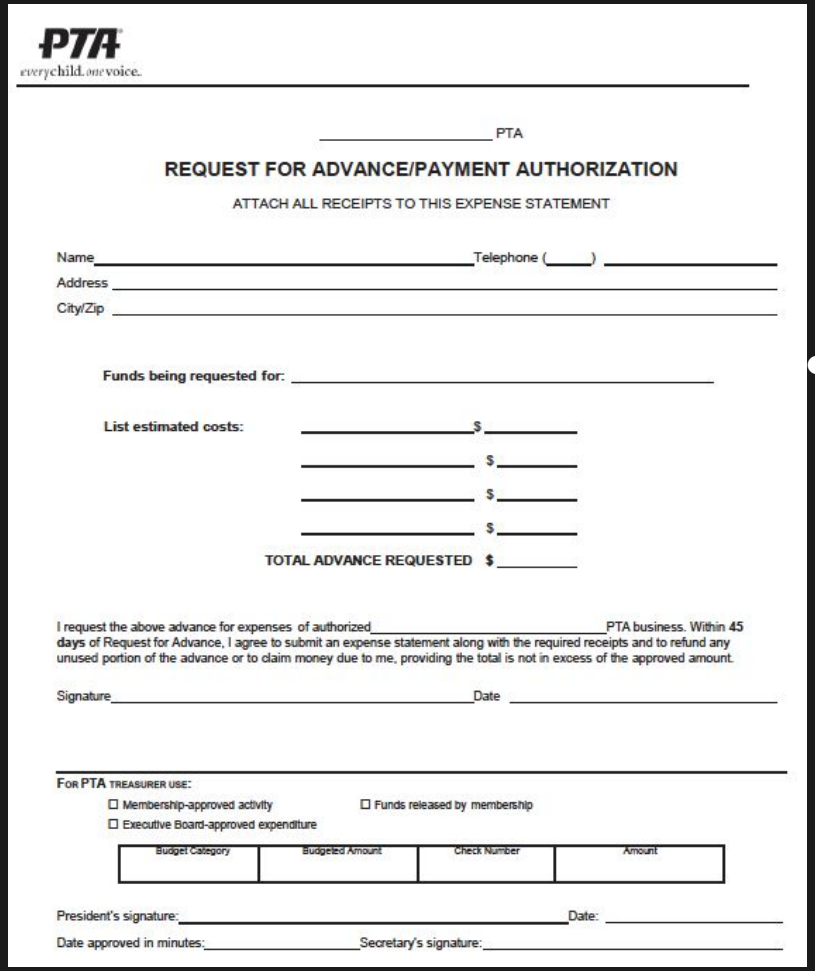
FOR PTA TREASURER USE:
☐ Membership-approved activity ☐ Funds released by membership
☐ Executive Board-approved expenditure

Control Number	Category	Amount	Date Posted

President's signature: _____ Date: _____
Date Approved in minutes: _____ Secretary's signature _____

Authorization for Payment via Electronic Services

- **Required to be completed *before* payment is made.**
  - Date
  - Company to be paid
  - Budget Category
  - Reason for Payment
  - Payment Amount -
    - if using debit card, put in an "Up to $_____" if amount is unknown before
    - After purchase add actual amount, initial and attach receipt.
  - 2 Authorized Signatures for bank account
- Treasurer completes Category, amount, approval check boxes and date posted
- President & Secretary sign and date



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_____ PTA

REQUEST FOR ADVANCE/PAYMENT AUTHORIZATION

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name_____ Telephone (____) _____

Address _____

City/Zip _____

Funds being requested for: _____

List estimated costs: _____ $_____

_____ $_____

_____ $_____

_____ $_____

TOTAL ADVANCE REQUESTED $_____

I request the above advance for expenses of authorized_____PTA business. Within **45 days** of Request for Advance, I agree to submit an expense statement along with the required receipts and to refund any unused portion of the advance or to claim money due to me, providing the total is not in excess of the approved amount.

Signature_____ Date _____

FOR PTA TREASURER USE:

☐ Membership-approved activity ☐ Funds released by membership

☐ Executive Board-approved expenditure

Budget Category	Budgeted Amount	Check Number	Amount

President's signature:_____ Date: _____

Date approved in minutes:_____ Secretary's signature:_____

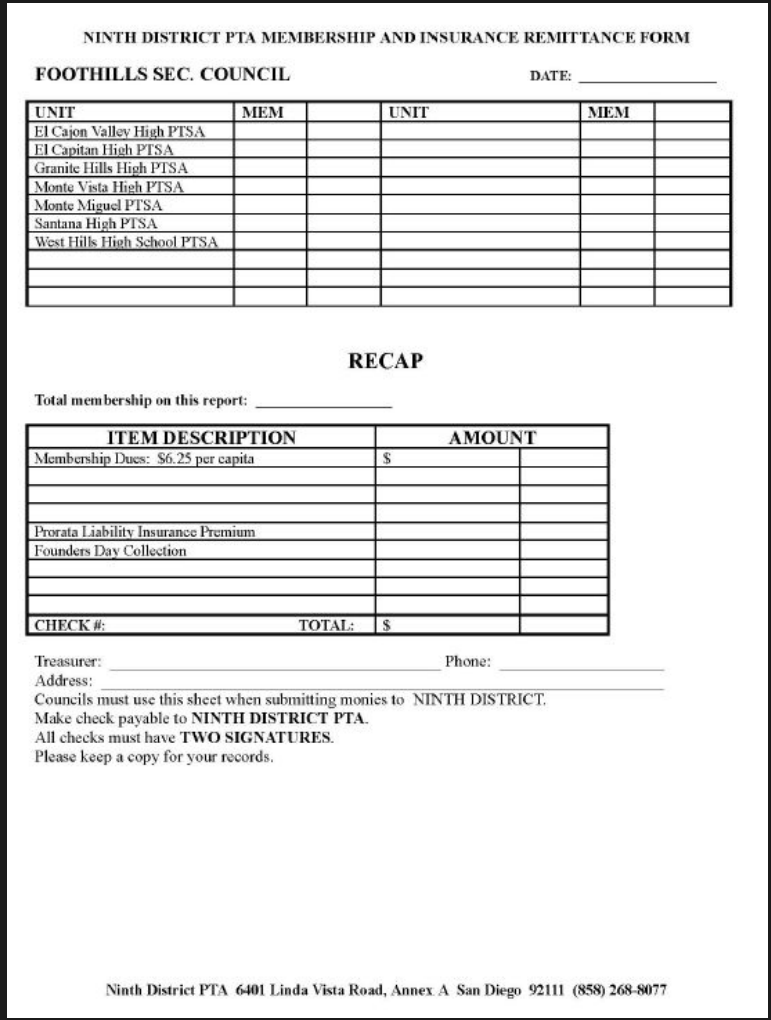
Request for Advance Payment Authorization

- Use Caution when Using
  - Requires the person requesting the advance to
    - Estimate costs on Advance Form
    - Complete A Payment Authorization for Reimbursement form after purchase
    - Attach receipt/s to forms
    - Return unused portion of advance
- Treasurer completes
  - Category,
  - Budgeted amount,
  - check amount
  - date
  - Authorization check boxes
- President & Secretary sign and date

Council Remittance Form

Councils & Units

- **Membership Chairperson/ VP**
  - Should receive copies of all Cash Verification Forms with membership paid
  - Provide a Remittance Form to the Treasurer for payment
  - Keep a copy of the Remittance Form
- **Treasurer**
  - Should verify membership pass-through income equals membership to be paid forward
  - Pay manual memberships forward monthly
- Council Treasurer pays $6.25 per membership to Ninth District PTA



NINTH DISTRICT PTA MEMBERSHIP AND INSURANCE REMITTANCE FORM

FOOTHILLS SEC. COUNCIL DATE: _____

UNIT	MEM		UNIT	MEM	
El Cajon Valley High PTSA					
El Capitan High PTSA					
Granite Hills High PTSA					
Monte Vista High PTSA					
Monte Miguel PTSA					
Santana High PTSA					
West Hills High School PTSA					

RECAP

Total membership on this report: _____

ITEM DESCRIPTION	AMOUNT	
Membership Dues: $6.25 per capita	$	
Prorata Liability Insurance Premium		
Founders Day Collection		
CHECK #: TOTAL:	$	

Treasurer: _____ Phone: _____

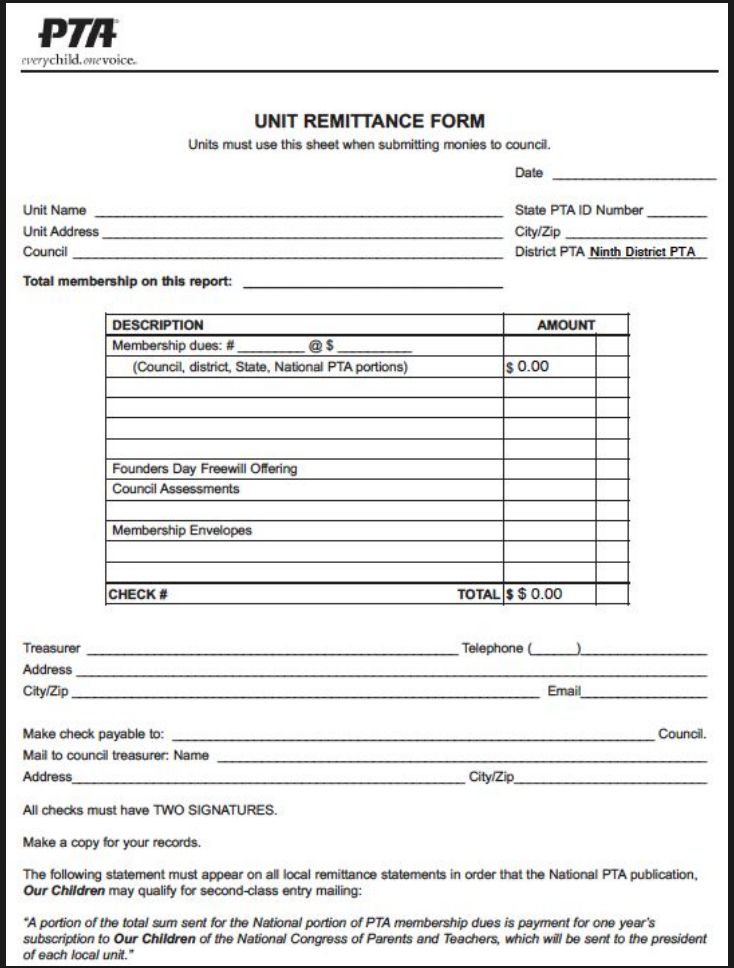
Address: _____

Councils must use this sheet when submitting monies to NINTH DISTRICT.
Make check payable to **NINTH DISTRICT PTA.**
All checks must have **TWO SIGNATURES.**
Please keep a copy for your records.

Ninth District PTA 6401 Linda Vista Road, Annex A San Diego 92111 (858) 268-8077

In Council
Unit Remittance

- **In-Council Units**
  - Used for Remitting to Council
    - Membership Dues (see bylaws for amount , $6.25 + council portion)
    - Council Assessment
    - Purchase Envelopes
    - Founders Day Donation
  - Verify number of memberships matches deposits
  - Write check to your council
  - Ensure check and form is mailed to council



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UNIT REMITTANCE FORM

Units must use this sheet when submitting monies to council.

Date _____

Unit Name _____ State PTA ID Number _____
Unit Address _____ City/Zip _____
Council _____ District PTA Ninth District PTA

Total membership on this report: _____

DESCRIPTION	AMOUNT
Membership dues: # _____ @ $ _____	
(Council, district, State, National PTA portions)	$ 0.00
Founders Day Freewill Offering	
Council Assessments	
Membership Envelopes	
CHECK # TOTAL	$ $ 0.00

Treasurer _____ Telephone (_____)_____
Address _____
City/Zip _____ Email_____

Make check payable to: _____ Council.
Mail to council treasurer: Name _____
Address_____ City/Zip_____

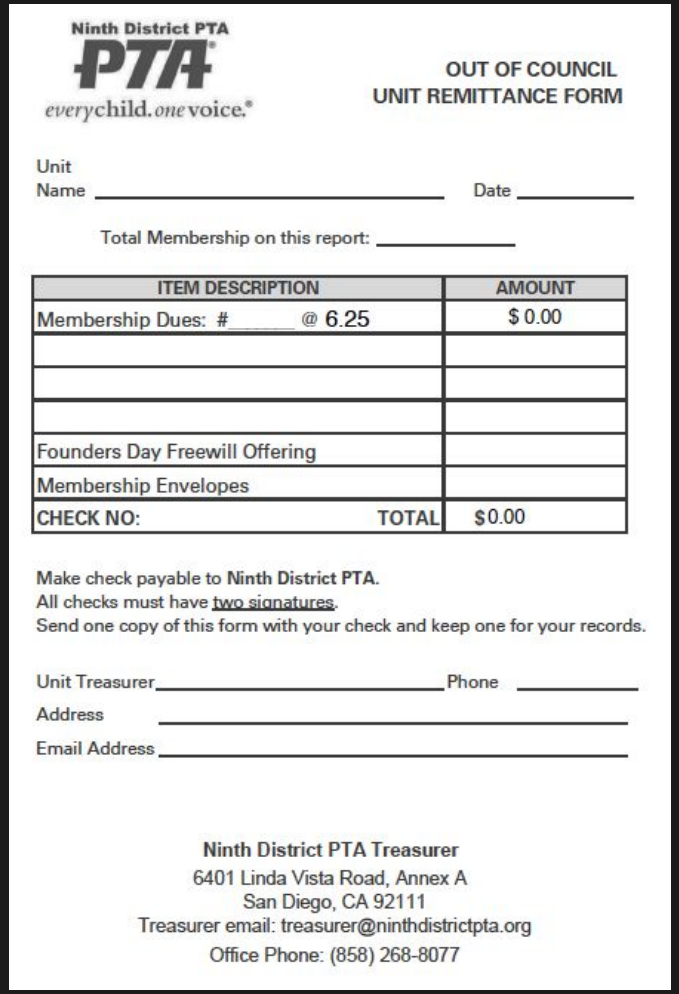
All checks must have TWO SIGNATURES.

Make a copy for your records.

The following statement must appear on all local remittance statements in order that the National PTA publication, ***Our Children*** may qualify for second-class entry mailing:

*"A portion of the total sum sent for the National portion of PTA membership dues is payment for one year's subscription to **Our Children** of the National Congress of Parents and Teachers, which will be sent to the president of each local unit."*

Unit Remittance



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OUT OF COUNCIL
UNIT REMITTANCE FORM

Unit
Name _____ Date _____

Total Membership on this report: _____

ITEM DESCRIPTION	AMOUNT
Membership Dues: #_____ @ 6.25	$ 0.00
Founders Day Freewill Offering	
Membership Envelopes	
CHECK NO: TOTAL	$0.00

Make check payable to **Ninth District PTA.**
All checks must have two signatures.
Send one copy of this form with your check and keep one for your records.

Unit Treasurer _____ Phone _____
Address _____
Email Address _____

Ninth District PTA Treasurer
6401 Linda Vista Road, Annex A
San Diego, CA 92111
Treasurer email: treasurer@ninthdistrictpta.org
Office Phone: (858) 268-8077

Out-of-Council Unit Remittance Form

- Out-of-Council Units
  - Used for Remitting to Ninth District PTA
    - Membership $6.25 per member
    - Membership Envelopes
    - Founders Day Donation
- Treasurer is responsible for
  - Verify number of memberships matches deposits
  - Write check to Ninth District PTA
  - Ensure check and form is mailed to Ninth District PTA

Money Accounts

- If your unit uses ACH Deposits/Payments or Debits
  - Work with your bank to have a separate account for ACH/EFT/Debit Payments
  - Keep limited funds in the account
  - Transfer money to the account as needed
  - Do not use the checking account your checks are written from.
    - ACH Payments require knowledge of
      - Routing Number
      - Account Number
      - Name on Account
    - A check provides all this information to recipients

Q & A

Financial Fires or Roadblocks?

Thank you for attending the Treasurer ‘s Huddle!

The next Treasurer’s Huddle is scheduled for August 24th 10:00 AM..

We will post all Huddles on the Ninth District PTA website in case you miss one.