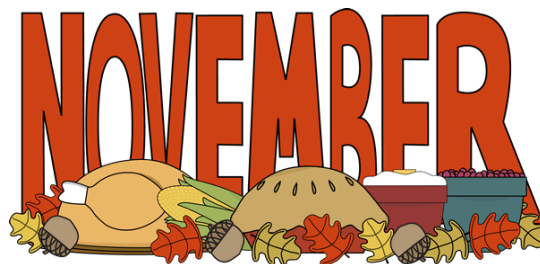


# Unit Presidents Meeting

November 13<sup>th</sup>, 2018 - 9:30 am

Head Start Auditorium - 1260 E. 33<sup>rd</sup> St., Signal Hill, CA 90755



**Please complete and attach this form to your paperwork and turn into your Area Advisor.**

Unit Name: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ PTA Position: \_\_\_\_\_

Phone #: \_\_\_\_\_ email: \_\_\_\_\_

## What to turn in:

**REQUIRED** (please initial all items turned in)

| <u>UPs initial</u> | <u>RB Pg.</u> | <u>Item</u>                                  | <u>Notes</u>     | <u>Copies</u> |
|--------------------|---------------|--|------------------|---------------|
| _____              | 79            | Treasurer's Report                           | October          | 1             |
| _____              | 130           | Taxes – 199 State                            | 7/1/17 – 6/30/18 | 2             |
| _____              | 130           | Taxes – 990 Federal                          | 7/1/17 – 6/30/18 | 2             |
| _____              | 133           | RRF-1  | 7/1/17 – 6/30/18 | 2             |
| _____              | -             | Insurance Premium (to be determined) \$_____ |                  |               |
| _____              | 137           | Worker's Comp Form                           |                  | 1             |

**OTHER ITEMS** (please initial all items turned in)

| <u>UPs initial</u> | <u>RB pg.</u> | <u>Item</u>                    | <u>Notes</u> | <u>Copies</u> |
|--------------------|---------------|--------------------------------|--------------|---------------|
| _____              | 155           | Program/Directory & Award form |              | 2             |
| _____              | 160           | Reflections Entries & Form     |              | 2             |
| _____              | -             | Delegates Names: _____         |              |               |
| _____              | 142           | Bethune Donation               |              |               |



**Money Matters Form** - Make all checks payable to LBCPTA unless otherwise noted.

| Item   | Total | Check # |
|--|-------|---------|
| Membership: (#) _____ members X \$5.05       | \$    |         |
| Membership: (#) _____ members X \$5.05       | \$    |         |
| Insurance: amount to be announced by October | \$    |         |
| Worker's Comp payment (if applicable)        | \$    |         |
| Other:                                       | \$    |         |
| Other:                                       | \$    |         |

