

REPORTS TRANSMITTAL MASTER COVER FORM



Purpose: To streamline the check-in process of reports at the state office.

Directions:

- Each local unit president must complete ONE Reports Transmittal Master Cover Form and submit it with ALL of the reports the local unit is submitting.
- Verify that the information on this transmittal form is correct and consistent with other report cover sheets being submitted (correct LU ID#, district, council, number of reports, etc.).
- Entries must be postmarked or delivered to the state office on or before the second Friday in March: Georgia PTA, 114 Baker Street NE, Atlanta, GA 30308.
- For more information, contact the state office at 404-659-0214 or gapta@bellsouth.net.

Date _____ Local Unit ID# _____ District _____

Local Unit Name _____

Council Name: _____

Check one: Elementary 750 and below Middle/Junior High School
 Elementary 751 and above High School

President's Name _____

Daytime Phone _____ Email _____

Co-President's Name (if applicable) _____

Daytime Phone _____ Email _____

Principal's Name _____

Total number of reports submitted: _____

Please check which reports are being submitted:

- | | | |
|---|---|---|
| <input type="checkbox"/> Outstanding Local Unit PTA | <input type="checkbox"/> The Model PTA | <input type="checkbox"/> Visionary Award |
| <input type="checkbox"/> Outstanding Principal | <input type="checkbox"/> Outstanding School Nurse | <input type="checkbox"/> Outstanding Educator |

FOR STATE OFFICE USE ONLY	
Received date _____	Received by _____
Catalogued by _____	Date _____
Total number of reports received _____	