

REMITTANCE STATEMENT

BOARD NAME				ATRF BOARD NO:	
CONTACT PERSON:					
PHONE:					
EMAIL:					
ATRF CONTRIBUT	TIONS				
FOR THE MONTH OF:				YEAR (YYYY):	MONTH (MM):
EMPLOYEE CONTRIBUTIONS: (FULL AND PART-TIME CONTRACT TEACHERS)					
EMPLOYER CONTRIBUTIO	NS: (ATA LOCALS, PRI	VATE SCHOOLS & CO	LLEGES)		-
PRIOR YEAR ADJUSTMENT Please breakout all prior		hool year to ensure th	e proper allocation.		
SCHOOL YEAR:	2020/21	2021/22	2022/23	2023/24	2024/25
AMOUNT:	-	-	-	-	-
TOTAL ATRF CON ATA DUES: All employers please		ving section.			-
TEACHER TYPE	NUMBER OF TEACHERS	TOTAL GROSS SALARY PER	ATA FEES (CURRENT MONTHS)	ATA FEE ADJUSTMENTS (PRIOR PERIODS)	TOTAL FEES REMITTED THIS PERIOD
FULL TIME				(* * * * * * * * * * * * * * * * * * *	-
ADMIN/260 DAYS (97)					-
SUPER/CHIEF DE (99)					-
SUB TOTAL			-	-	-
PART TIME					-
SUBSTITUTE					-
CEC					
TOTAL ATA DUES:					
ATA DUES PAYABLE TO: ALBERTA TEACHERS' ASSOCIATION FOR ATA Questions:					
	11010 142 ST NW		Email caroline.inacio@ata.ab.ca		
	EDMONTON AB		Tel 780 447-9459 Fax 780 455-6481		
	T5N 2R1			Toll Free 800 232-7208	ext 459

Alberta Teachers' Retirement Fund Board

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