



Commonwealth of Pennsylvania

# REVENUE TRANSMITTAL FORM

PMRB-20

07/09

**INSTRUCTIONS:** This form should be completed when sending any remittances to PMRS for deposit with your pension plan. Please identify the source and purpose of the funds.

**Please mail this form and any related documents, including a check made payable to Pennsylvania Municipal Retirement System, to:  
P.O. BOX 1165  
HARRISBURG, PA 17108-1165**

PLEASE TYPE OR PRINT ALL ENTRIES IN INK AND SIGN WHERE REQUESTED.

**PART A: To be completed by municipality.**

1. MUNICIPAL PLAN NAME  _____	2. MUNICIPAL CODE  ____-____-____	3. CHECK AMOUNT  \$ _____
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4. SOURCE OF THIS PAYMENT  \$ _____ Fund Money (Municipal, General, or Special)  \$ _____ State Aid - Act 205  \$ _____ Employee Deductions for _____ <i>Month / Quarter / Pay Period</i>  \$ _____ Other (Please Explain)  _____ _____	5. CREDIT THIS PAYMENT TO  \$ _____ Municipal Account  \$ _____ Member Account  \$ _____ Administrative Cost  _____ Annual Bill  _____ New Member(s) Fee for Name & SSN: (If more than three, attach list.)  _____ _____ _____
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6. I CERTIFY THAT THE INFORMATION CONTAINED IN PART A IS TRUE AND ACCURATE.

\_\_\_\_\_  
*Signature of Issuing Officer*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

PLEASE USE ONE FORM FOR EACH MUNICIPAL CODE OR RETIREMENT PLAN. AMOUNTS ITEMIZED MUST EQUAL THE TOTAL DOLLAR AMOUNT TRANSMITTED. PLEASE KEEP A COPY FOR YOUR FILE.

PMRS USE:  
ACCTG. DIV.:  
DATE STAMP:

**PLEASE RETURN THIS COPY TO PMRS**

