

Event Report – County Programs – Committee

Date: _____

To: Texas A&M AgriLife Administrative Services – Cash Management
2147 TAMU
College Station, TX 77843-2147

Primary Contact Information

Agent: _____
(Name of Agent Coordinating Event)

County: _____
(Name of County)

District #: _____ District Code: _____

Event Name: _____

Event Date: _____

Fee Determination

Number of participants _____

Fee per participant _____

(\$10.00 per participant, if participation fee < or = \$100)

(10% per participant, if participation fee > \$100)

Total

Make check payable to “Texas A&M AgriLife Extension Service” in the amount of: _____

Receipt Info

Receipt Number Date of Receipt (mm/dd/yyyy)

Agent Coordinating Event

Signature: _____

Date: _____

Texas A&M AgriLife
 Administrative Services – Cash Management



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 Deposit Form**

Fiscal Reference **C** **E**
 Receipt Number (Ref 2)

Enclosed are monies consisting of: For Deposit With:

07 AgriLife Extension

Checks & Money Orders	\$
Other	\$
TOTAL	\$

_____ District//Unit

Accounting Analysis			Amount
210410-	603	0544	\$

Description

Receipt Number	Receipt Date	Name and Date of Event	Amount
			\$
			\$
			\$
TOTAL			\$

Submitted by:	
Name:	_____
Signed:	_____
Date:	_____

Fiscal Approval	
Signed:	_____
Date:	_____