

Event Report – County Programs – Committee

Date: _____

Texas A&M AgriLife Administrative Services – Cash Management
2147 TAMU

To: 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: _____
(mm/dd/yyyy)

Fee Determination- (\$10 or 10% whichever is greater)

Number of participants _____

Fee per participant _____

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

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

Total _____

Agent Coordinating Event

Signature: _____

Date: _____

Event Report – County Programs – Committee Request for Accounts Receivable Invoice

Requested by: _____

Date Requested: _____

Account: 210410

Support Account: 603

Sub Code: 0544

_____ District

The following fields MUST be completed

Committee Name: _____

c/o: Committee Contact: _____

Address Line 1: _____

Address Line 2: _____

City/State/Zip: _____

Committee Phone Contact: _____

Committee Email Address: _____

Event Name for Invoice <small>(NOTE: Event Reporting Form (AG-232) must be attached.)</small>	Event Date	Amount to Invoice
Total to Invoice:		

Cash Management Use Only:

Signature _____ Date _____ Invoice Number _____