

**Event Report – Units – Internal Only**

**Date:** \_\_\_\_\_

**Submit To:** Unit Office

**Primary Contact Information**

Specialist: \_\_\_\_\_  
(Name of Specialist Coordinating Event)

Unit Name: \_\_\_\_\_

Unit #: \_\_\_\_\_

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: \_\_\_\_\_

**Specialist Coordinating Event**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_