CLEAR FIELDS

TEXAS A&M
AGRILIFE
EXTENSION

Event Report – County Programs – Committee

Date: _____

To: Send completed form to your District Office Manager.

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: **ORIGINAL SIGNATURE AND DATE REQUIRED**

Date:

TEXAS A&M
AGRILIFE
EXTENSION

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

Requested by: _____

Date Requested: _____

Account: __**210410**_____

Support Account: __**603**_____

_____
District

Sub Code: | **0544**

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 *(NOTE: Event Reporting Form (AG-232) must be attached.)*	*Event Date*	*Amount to Invoice*
		$
	Total to Invoice:	$