



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: **INVALID DISTRICT #**

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:

ORIGINAL SIGNATURE AND DATE REQUIRED



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

Requested by: _____

Date Requested: _____

Account: 210410

Support Account: 603 INVALIDD

_____ District

Sub Code:

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:		\$