



Texas A&M AgriLife
Administrative Services – Cash Management

Specific Program (ie: SUSD) – 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

Number of participants _____

Fee per participant (please insert the administrative participation fee for this event) _____

Total _____

Agent Coordinating Event

Signature: _____

Date: _____



Texas A&M AgriLife
 Administrative Services – Cash Management

**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 <i>NOTE: Event Reporting Form 232S must be attached)</i>	Event Date	Amount to Invoice
Total to Invoice:		

Cash Management Use Only:		
Signature _____	Date _____	Invoice Number _____