



Texas A&M AgriLife  
Administrative Services – Cash Management

**Event Reporting – County Programs – Committee**

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

AgriLife Administrative Services – Cash Management  
2147 TAMU

**To:** College Station, TX 77843-2147

**Primary Contact Information**

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

County: \_\_\_\_\_

District #: \_\_\_\_\_ District Code: \_\_\_\_\_

Event Name: \_\_\_\_\_

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

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

Number of participants \_\_\_\_\_

Fee charged per participant \_\_\_\_\_

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

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

Total Cost Recovery amount (# of participants X cost recovery)

Make check payable to "Texas A&M AgriLife Extension Service" in the amount  
of: \_\_\_\_\_

**Receipt Info (if applicable)**

\_\_\_\_\_  
Receipt Number Date of Receipt (mm/dd/yyyy)

**Agent Coordinating Event**

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

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



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Texas A&M AgriLife

Administrative Services – Cash Management

**Event Report – County Programs – Committee  
Deposit Form**

Fiscal Reference

C	E
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*Receipt Number (Ref 2)*

**Enclosed are monies consisting of:**

**For Deposit With:**

07 AgriLife Extension Service

Checks & Money Orders	\$
Other	\$
<b>TOTAL</b>	\$

\_\_\_\_\_ *District//Unit*

<i>Accounting Analysis</i>			<i>Amount</i>
<b>210410-</b>	<b>603</b>	<b>0544</b>	\$

<i>Description</i>
Multiple Events

<i>Receipt Number</i>	<i>Receipt Date</i>	<i>Name and Date of Event</i>	<i>Amount</i>
			\$
			\$
			\$
			\$
			\$
<b>TOTAL</b>			\$

<i>Submitted by:</i>
Name: _____
Signed: _____
Date: _____

<i>Fiscal Approval</i>
Signed: _____
Date: _____