



Texas A&M AgriLife
Administrative Services – Banking & Receivables

Event Reporting – County Programs – Committee

Date: _____

AgriLife Administrative Services – Banking & Receivables
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 – Banking & Receivables



**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	\$
TOTAL	\$

_____ *District//Unit*

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

<i>Description</i>
Multiple Events

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

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

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