

Date:			
	AgriLife Admir 2147 TAMU	nistrative Services – Cash Management	
То:	College Station	n, TX 77843-2147	
Prima	ry Contact Info	rmation	
Α	gent:		
		(Name of Agent Coordinating	ng Event)
C	ounty:		
Di	istrict #:	Distric	ct Code:
E	vent Name:		
E١	vent Date:		
Cost F	Recovery Fee D	Determination- (\$10 or 10% whichever is g	greater)
	Number of par	ticipants	
	Fee charged p	er participant	
	Cost Recovery	(\$10.00 if participation fee < or = \$100 per	participant)
		(10% if participation fee > \$100 per participation	pant)
		covery amount (# of participants X cost reco yable to "Texas A&M AgriLife Extension Serv	• ,
Recei	pt Info (if appli	cable)	
		Receipt Number	Date of Receipt (mm/dd/yyyy)
Agent	Coordinating l	Event	
	Signature: _		
	Date: _		



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		Date:		



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Texas A&M AgriLife Extension

TEXAS A&M

GRILIFE

Texas A&M AgriLife

Administrative Services – Cash Management

## Event Report – County Programs – Committee Deposit Form

Fiscal Reference	С	Ī.	
		December (Def 2)	

					F	Receipt Number (Ref 2)	
Enclosed are monies consisting of: For Dep				sit With:			
				□ 07 A	AgriLife Extension	Service	
Checks & Money Orders	\$						
Other	\$		_				
TOTAL \$		_		District//Unit	_		
Accounting Analysis		Am	Amount D		cription		
210410-	603	0544	\$	\$ Multip		ole Events	
Receipt Number Receipt Date		Name and Date of Event		of Event	Amount		
						\$	
					\$		
					\$		
					\$		
			\$		\$		
	1				TOTAL	\$	
	Submitted by:				Fiscal Approval		
Name:							
Signed:				Signed:			
Date:			Date:				