

Event Report – Units – Committee

Date: _____

AgriLife Administrative Services – Cash Management
2147 TAMU

To: College Station, TX 77843-2147

Primary Contact Information

Specialist: _____
(Name of Specialist Coordinating Event)

Unit Name: _____

Unit #: _____

Event Name: _____

Event Date: _____

Fee Determination

Number of participants _____

Fee per participant _____

\$10.00 per participant, if participation fee < or = \$100

10% per participant, if participation fee > \$100

Total

Make check payable to “Texas A&M AgriLife Extension Service” in the amount of: _____

Receipt Info

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

Specialist Coordinating Event

Signature: _____

Date: _____



**Event Report – Units – Committee
 Deposit Form**

Fiscal Reference **C** **E**

Receipt Number (Ref 2)

Enclosed are monies consisting of: **For Deposit With:**

07 AgriLife Extension Service

Checks & Money Orders	\$
Other	\$
TOTAL	\$

_____ District//Unit

Accounting Analysis			Amount
210410-	603	0544	\$

Description

Receipt Number	Receipt Date	Name and Date of Event	Amount
			\$
			\$
			\$
TOTAL			\$

Submitted by:
Name: _____
Signed: _____
Date: _____

Fiscal Approval
Signed: _____
Date: _____