

Event Report – Units – Committee

Date: _____

Texas A&M 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 _____

Specialist Coordinating Event

Signature: _____

Date: _____

Event Report – Units – Committee Request for Accounts Receivable Invoice

Requested by: _____

Date Requested: _____

Account: 210410

Support Account: 603

_____ Unit

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 <small>(NOTE: Event Reporting Form (AG-232) must be attached.)</small>	Event Date	Amount to Invoice
Total to Invoice:		

Cash Management Use Only:

Signature	Date	Invoice Number