

**CLEAR FIELDS**



**Event Report – Units – Committee**

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

**To:** Please return the completed form to your Department/Unit Business Office

**Primary Contact Information**

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

Unit Name: \_\_\_\_\_

Unit #: **MUST SELECT UNIT NAME**  
\_\_\_\_\_

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:

**ORIGINAL SIGNATURE AND DATE REQUIRED**



**Event Report – Units – Committee  
 Request for Accounts Receivable Invoice**

Requested by: \_\_\_\_\_

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

Account: 210410

Support Account: 603 **MUST SELECT UNI**

**MUST SELECT UNIT NAM**

Unit

Sub Code:

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