

**Expenditure Certification 2016**  
Texas A&M AgriLife Extension Service – College Station, TX 77843

**STATE OF TEXAS**, County of \_\_\_\_\_

The undersigned official does hereby certify that the following dollars were expended in the County Extension Program in the above said County during the Extension Fiscal Year September 1, 2015 to August 31, 2016, said sum being appropriated by the Commissioner' Court under and by authority of S.B. No. 82 of the 40th Legislature of the State of Texas (Page 9, Chapter 6 of the General and Specials Laws passed by the Legislature - Regular Session 1927).

Expenditure Certification for:  October 1, 2015 – September 30, 2016  
 January 1, 2016 – December 31, 2016  
 Other: \_\_\_\_\_  
*(Please select/enter appropriate date range for your county.)*  
*(Indicate Date Range)*

<u>Name, Title of County Extension Agent (Extension agents only)</u>	<u>Agent's Salary (A)</u>	<u>Agent's Travel (B)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**A. Total Salary for County Extension Agents:** \_\_\_\_\_ (A)  
**B. Total Travel for County Extension Agents:** \_\_\_\_\_ (B)  
*Agents Expense Total (sum of A&B)* \_\_\_\_\_ **(A+B)**  
**C. All other Salaries** (secretarial, clerical, program assistants, and others) \_\_\_\_\_ (C)  
**D. Fringe Benefits** (insurance, retirement, workers compensation, unemployment, social security, etc.) \_\_\_\_\_ (D)  
**E. Operating Expenses** (office equipment, office supplies, machine repairs, copiers, telephones, postage, utilities, janitorial, rentals, etc.) \_\_\_\_\_ (E)  
*Other County Support Total (Sum of C, D, & E)* \_\_\_\_\_ **(C+D+E)**  
**Grand Total (Sum of A&B; Sum of C, D, & E)** \_\_\_\_\_ **(A+B+C+D+E)**

County Official: \_\_\_\_\_ County Extension Coordinator: \_\_\_\_\_  
Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_