

**Event Report – County Programs – Committee**

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

**To:** Texas A&M AgriLife Administrative Services – Cash Management  
2147 TAMU  
College Station, TX 77843-2147

**Primary Contact Information**

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

County: \_\_\_\_\_  
(Name of County)

District #: \_\_\_\_\_ District Code: \_\_\_\_\_

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)

**Agent Coordinating Event**

Signature: \_\_\_\_\_

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

Texas A&M AgriLife  
 Administrative Services – Cash Management



**Event Report – County Programs – Committee  
 Deposit Form**

Fiscal Reference **C** **E**  
 Receipt Number (Ref 2)

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

07 AgriLife Extension

Checks & Money Orders	\$
Other	\$
<b>TOTAL</b>	\$

\_\_\_\_\_ District//Unit

Accounting Analysis			Amount
210410-	603	0544	\$

Description

Receipt Number	Receipt Date	Name and Date of Event	Amount
			\$
			\$
			\$
<b>TOTAL</b>			\$

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

Fiscal Approval	
Signed:	_____
Date:	_____