Reset Form

FY 2018 Budget Recommendations for _____ County

TO: District Extension Administrator - Texas A&M AgriLife Extension Service

We submit the following budget recommendations from county funds for our county for the budget year of **2018**.

Name and Position	COUNTY FUNDS					
	PRESENT			PROPOSED		
	Salary	Longevity	Travel	Salary	Longevity	Travel
	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Miscellaneous Expenses	**PRESENT**			**PROPOSED**		
			$ 0.00			$ 0.00

Signed (All Extension Agents):

Signature	*Print Name*	*Title*
		County Coordinator