

COMMISSIONER SID MILLER

P.O. Box 12847 Austin, Texas 78711 ◆ (800) 835-5832 ◆ (512) 463-7476 ◆ Hearing impaired: (800) 735-2988 voice ◆ www.agr.state.tx.us

## Texas Department of Agriculture Donations

**AFS-116** 

SECTION A	<sup>1</sup> ENTITY PROVIDING DONATION						
	State Agency Federal Agency	Other Governme	ent Entity	3 <sup>rd</sup> Part	y		
	Name						
	<sup>2</sup> MAILING ADDRESS						
	Address			Phone	ne		
91				( ) -			
	City			State	Zip		
<b>B</b>	<sup>1</sup> DONATION PURPOSE						
SECTION	It is my intention that this gift, grant, or donation be used for the purpose of (Specify):						
CT							
$\mathbf{SE}$	The donation in the amount or approximate amount of \$\\$ is purely voluntary and I have no expectation of compensation.						
SECTION C	<sup>1</sup> SIGNATURE						
	donation will be reported by the Department in accordance with Texas Agriculture Code, Section 12.022						
EC					Date (mm/d	d/yy)	
S					/	/	
D	<sup>1</sup> SUBMITTING TDA EMPLOYEE						
EC. D	<sup>1</sup> SUBMITTING TDA EMPLOYEE Name	Employee Pho	one Number		Date (mm/d	d/yy)	
SEC. D		Employee Pho	one Number		Date (mm/d	d/yy) /	
SEC. D			one Number		Date (mm/d / Date (mm/d	/	
SEC. D	Name		-	☐ Revise	1	/	
SEC. D	Name  1 APPROVAL SIGNATURES	( )	-	Revise	1	/	
	Name  1 APPROVAL SIGNATURES	( )	Not approved [		Date (mm/d	/	
INE	Name  1 APPROVAL SIGNATURES Supervisor	Approved  Approved  Approved	Not approved [	Revise	Date (mm/d	/	
INE	Name  1 APPROVAL SIGNATURES Supervisor	( ) Approved	Not approved [	Revise	Date (mm/d	/	
INE	Name  1 APPROVAL SIGNATURES Supervisor  AC/RD  Ethics	Approved  Approved  Approved  Approved	Not approved [ Not approved [	Revise Revise	Date (mm/d	/	
	Name  1 APPROVAL SIGNATURES Supervisor  AC/RD	Approved  Approved  Approved	Not approved [ Not approved [	Revise Revise	Date (mm/d	/	
INE	Name  1 APPROVAL SIGNATURES Supervisor  AC/RD  Ethics  Legal	Approved  Approved  Approved  Approved  Approved  Approved	Not approved [  Not approved [  Not approved [	Revise Revise Revise	Date (mm/d	/	
INE	Name  1 APPROVAL SIGNATURES Supervisor  AC/RD  Ethics	Approved  Approved  Approved  Approved	Not approved [  Not approved [  Not approved [	Revise Revise Revise	Date (mm/d	/	
INE	1 APPROVAL SIGNATURES Supervisor  AC/RD  Ethics  Legal  Financial Services	Approved  Approved  Approved  Approved  Approved  Approved	Not approved [  Not approved [  Not approved [	Revise Revise Revise	Date (mm/d	/	
SECTION E	1 APPROVAL SIGNATURES Supervisor AC/RD Ethics Legal Financial Services	Approved  Approved  Approved  Approved  Approved  Approved  Approved  Approved  Approved  Approved	Not approved [ Not approved [ Not approved [ Not approved [	Revise Revise Revise Revise	Date (mm/d	/ d/yy)  /  /  /	
INE	1 APPROVAL SIGNATURES Supervisor  AC/RD  Ethics  Legal  Financial Services	Approved  Approved  Approved  Approved  Approved  Approved	Not approved [  Not approved [  Not approved [	Revise Revise Revise Revise	Date (mm/d	/ d/yy)  /  /  /	