

Agricultural Communications Production • Form 2

PART 1 — *This section is completed by author(s)/department.*

Contact Name _____ Email Address _____

Project Title _____ Department _____

Notes:

For publications only

Please choose one: New ____ Rerun ____ Revised ____ Print Quantity, if applicable ____

Signature of the person(s) who can authorize use of funds in accounts listed below.

Approval/signature _____

PART 2 — *Completed by department(s) and business office.*

Fund for production costs (*costs to produce this project will be charged to this account number*)

Business Area	Fund (required)	Cost Center	GL Account	Order (required)	Amount or % (required)	Department

➤ Dept. Comptroller (signature REQUIRED) _____

PART 3 — *For AgComm use*

Project number _____