



# Texas Workforce Commission

Member of the Texas Workforce Network

## Cash Remittance Report

<b>Received From:</b>	<b>Send Remittance To:</b>
Name: _____	<b>Postal Delivery</b>
Street Address: _____	Texas Workforce Commission
City & State: _____	Revenue & Trust Management
ZIP Code: _____	P.O. Box 322
Vendor I.D. #: _____	Austin, TX 78767-0322
	<b>Courier Delivery</b>
	Texas Workforce Commission
	Revenue & Trust Management
	4405 Springdale Road
	Austin, TX 78723

**Remittance Detail.** Complete the first three columns of the following table, and the fields below the table. Then remit to TWC.

Contract/PO Nber	Amount	Reason Code	TWC Use Only							
			Acct.	Fund	Org.	Prog.	Sub-Class	BY	Proj.-Grant	T.C.

**Total:** \_\_\_\_\_

**Check #:** \_\_\_\_\_

**Print Preparer Name:** \_\_\_\_\_

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

**Phone #:** \_\_\_\_\_ Ext. \_\_\_\_\_

**Reason Codes:**

1. Refund
2. Program Income
3. Lease
4. Title VI Child Care
5. Child Care
6. Other (Explain):