



# Texas Workforce Commission

Member of the Texas Workforce Network

## Cash Remittance Report

Received From: Name and Address Name  Street Address  City, State  Zip  Vendor I.D #: _____	<b>Send Report and Remittance to:</b>  TWC <b>Attn: Revenue &amp; Trust Management</b> 101 East 15th St., Rm. 0154 Austin, Texas 78778-0001
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**SHADED AREA TWC USE ONLY**

Contract Number	Amount	Reason Coding (Below)	Acct.	Fund	Org.	Prog.	Sub-Class	BY	Proj.-Grant	T.C.

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

Print Name of  
 Preparer: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

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

An individual may receive and review information that TWC collects regarding that individual by sending an e-mail to [open.records@twc.state.tx.us](mailto:open.records@twc.state.tx.us) or writing to TWC Open Records Section, 101 East 15<sup>th</sup> St, Room 266, Austin, Texas 78778-0001.