



Annual Certification of Estimated Optional Retirement Program (ORP) State Contributions

74-210 (Rev.7-15/11)

Junior/Community college name: _____

3-digit agency number: _____

Employer identification number: _____

Phone number: _____

In compliance with Texas Government Code Ann., sec. 830.202(d) and the current General Appropriations Act, we estimate that the ORP state matching contributions for the fiscal year referenced will total:

\$ _____

Fiscal Year

Prepared by: _____

Signature: _____

Title: _____

Date: _____

ORP contact information:

Name: _____

Phone number: _____

Email address: _____

Return completed form by the required deadline to:

ORP Analyst
Expenditure Assistance Section
Fiscal Management Division
TEXAS COMPTROLLER OF PUBLIC ACCOUNTS
P.O. Box 13528
Austin, TX 78711-3528

Phone: 512-475-0966
FAX: 512-463-3039