



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

74-210 (Rev.11-19/12)

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  
Statewide Fiscal Programs Section  
Fiscal Management Division  
TEXAS COMPTROLLER OF PUBLIC ACCOUNTS  
P.O. Box 13528  
Austin, TX 78711-3528

Phone: 512-936-5999  
FAX: 512-463-3039