

**PUBLIC SCHOOLS
ATHLETIC GATE RECEIPTS/TICKETS REPORT**

EVENT
DATE: _____ **SPORT:** _____

TEAMS: _____ **VS.** _____

ADULT TICKETS: **PRICE:** _____ **COLOR:** _____

Beginning Ticket#: _____ Ending # _____ = _____ Total Tickets

Beginning Ticket#: _____ Ending # _____ = _____ Total Tickets

TOTAL TICKETS SOLD _____

COST PER TICKET X \$ _____

TOTAL ADULT REVENUE = \$ _____

STUDENT TICKETS (K-12): **PRICE:** _____ **COLOR:** _____

Beginning Ticket#: _____ Ending # _____ = _____ Total Tickets

Beginning Ticket#: _____ Ending # _____ = _____ Total Tickets

TOTAL TICKETS SOLD _____

COST PER TICKET X \$ _____

TOTAL STUDENT REVENUE = \$ _____

TOTAL ADULT REVENUE: \$ _____ CASH IN BOX: \$ _____

TOTAL STUDENT REVENUE: \$ _____ LESS: CHANGE CASH: \$ _____ RECT # _____

TOTAL REVENUE: \$ _____ TOTAL DEPOSIT: \$ _____ RECT # _____

DIFFERENCE (Total Revenue - Total Deposit): \$ _____

Total Revenue and Total Deposit should balance. Discrepancies should be explained.

REQUIRED SIGNATURES:

Signature of Gate Worker (I acknowledge that I am personally responsible for gate change and ticket sales revenue until ALL funds have been turned in to the Athletic Director or Designated Staff Member.)

Signature of Gate Worker (I acknowledge that I am personally responsible for gate change and ticket sales revenue until ALL funds have been turned in to the Athletic Director or Designated Staff Member.)

Signature of Principal or Athletic Director (I acknowledge that I am personally responsible for gate change and ticket sales revenue until ALL funds are verified and accepted by the Bookkeeper.)

AF Custodian (I acknowledge that I am personally responsible for gate change and ticket sales revenue until ALL funds are verified and deposited.)