

CENTRAL POINT SCHOOL DISTRICT #6

TICKET SALES REPORT



EVENT: _____ DATE: _____

LOCATION: _____ TICKET TAKER: _____

TYPE OF TICKET/PASS	TICKET COLOR	STARTING #	ENDING #	TOTAL # SOLD	PRICE	TOTAL AMOUNT
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
TOTAL GATE SALES						\$

Bills	No. Of	Amount
\$1's	X _____	\$ _____
\$5's	X _____	\$ _____
\$10's	X _____	\$ _____
\$20's	X _____	\$ _____
\$50's	X _____	\$ _____
\$100's	X _____	\$ _____
Total of Bills		\$ _____

Coins	No. Of	Amount
\$0.01	X _____	\$ _____
\$0.05	X _____	\$ _____
\$0.10	X _____	\$ _____
\$0.25	X _____	\$ _____
\$0.50	X _____	\$ _____
\$1.00	X _____	\$ _____
Total of Coins		\$ _____

Checks:	No. Of	Amount
	_____	_____

TOTAL BILLS	\$ _____
TOTAL COINS	\$ _____
TOTAL CHECKS	\$ _____
TOTAL MONEY	\$ _____

Please reconcile all ticket sales and cash/currency/checks and sign this form prior to turning into the Bookkeeper.

By signing below I verify that all ticket taking and cash handling procedures outlined by the Student Body Fund Manual have been followed.

Signature of ticket taker

Date

Signature of ticket taker

Date

Signature of Advisor

Date

Signature of Secretary/Bookkeeper

Date