



Mt. Diablo Unified School District
TICKET SALES ACCOUNT AND CONTROL FORM

School _____ Organization _____

Date of Event _____ Name of Event _____

Advisor _____

Amount of Cash Box \$ _____

Signature noting
Receipt of Change Fund _____
Date: _____

Cash Count:

Ones	x _____	= \$ _____
Fives	x _____	= \$ _____
Tens	x _____	= \$ _____
Twenties	x _____	= \$ _____
Fifties	x _____	= \$ _____
_____	x _____	= \$ _____
Coin	x _____	= \$ _____
Checks	x _____	= \$ _____
Total		\$ _____
Less Change		\$ _____
Total Sales/ Amount Deposited		\$ _____

TICKETS REVENUE POTENTIAL:

Description	Price	Start	Finish	#Sold	\$Amount

POTENTIAL REVENUE = \$ _____

Overage (Short) = \$ _____

Reason for Overage (Short) _____

Original - Treasurer/Office Manager
Copy - Originator/Advisor

Ticket Seller: _____
Date: _____
Office Manager/Treasurer Verified: _____
Date: _____