

SOUTHFIELD PUBLIC SCHOOLS
Ticket Receipts Worksheet

Date of Event: _____ Event/Sport: _____
School: _____

Items to be completed by Official in charge of event. Name of Official: _____

	<u>FULL PRICE</u>	<u>STUDENT PRICE</u>	<u>OTHER PRICE</u>	
Ticket Description	_____	_____	_____	
Next Ticket # Available	_____	_____	_____	
First Ticket Sold	_____	_____	_____	
Total Tickets Sold	_____	_____	_____	
Ticket Price	_____	_____	_____	
Total Ticket Sales (\$)	_____ \$0.00	_____ \$0.00	_____ \$0.00	= _____ \$0.00
				TOTAL TICKET RECEIPTS

Passes: Acceptable Passes include:	Tally of total number entering on passes

Statement to be signed by Cashier

I certify that the beginning ticket numbers listed above and ending ticket numbers listed above are accurate to the best of my knowledge.

_____/_____/_____
Signature Date

_____/_____/_____
Signature (Witness) Date

Cashier's name legibly printed

Statement to be signed by Southfield Public Schools Official in charge of event.

The Total money received from cashier, less beginning drawer amount, was: _____ which is:

100's		x	100	=	
50's		x	50	=	
20's		x	20	=	
10's		x	10	=	
5's		x	5	=	
1's		x	1	=	
Coins				=	
Checks				=	
Cash Box Balance				=	
Less Cash Box Beginning Balance				-	
Total Deposit				=	

If discrepancy exists, state reason why.

_____/_____/_____
Signature of Southfield Public Schools Official in charge of event Date

_____/_____/_____
Signature of Southfield Public Schools Witness Date

ATTN: Southfield Public Schools Official. File one copy of this form with the employee who records your deposit and submit original to the Business Office.