

SHEFFIELD CITY SCHOOLS

REPORT OF TICKET SALES FORM

Activity/Sport _____ Event _____ Date _____

1st Roll		2nd Roll	
Ending Number	_____	Ending Number	_____
Starting Number	_____	Starting Number	_____
Sub-Total	_____	<i>plus</i>	Sub-Total _____

Total Tickets Sold	_____
X Cost per Ticket	_____
Total Amount Sold	_____ **

Change Cash Received

Currency _____ Coins _____ **Total** _____

Bookkeeper Signature _____ Gatekeeper Signature _____

Gate Money Collected

Currency	_____
Coins	_____
Checks	_____
Total	_____ (Amount Deposited)
Less	_____ (Change Cash)
Total Collected	_____ **Should Equal Total Sold

Gatekeeper Time In and Time Out _____

Gatekeeper Signature _____

Bookkeeper Signature _____