

Marion County School District Athletic Department Ticket Reconciliation Form *



* Required for Each Sporting Event and must be Attached to the Deposit Receipt Summary Submitted to the District's Fiscal Services Department

School: _____
Sport: _____
Event Date: _____
Opponent: _____
Ticker Seller: _____
Box No: _____

		<u>Beginning cash amount</u>	\$ _____	
	<u>TICKET NUMBERS</u>	<u>TOTAL SOLD</u>	<u>TICKET PRICE</u>	<u>TOTAL OF TICKET SALES</u>
# _____	_____ TO _____	_____ @ _____	_____	_____
# _____	_____ TO _____	_____ @ _____	_____	_____
# _____	_____ TO _____	_____ @ _____	_____	_____
<u>GRAND TOTAL OF TICKET SALES:</u>				\$ _____
<u>TOTAL CASH AFTER GAME:</u>				\$ _____
<u>AMOUNT DEPOSITED:</u>				\$ _____
<u>AMOUNT FORWARDED TO NEXT GAME:</u>				\$ _____
<u>GAME PROFIT OR LOSS:</u>				\$ _____

Signatures:

Prepared by: _____

Money Counted by: _____

Verified by: _____

RETURN THIS FORM WITH DEPOSIT SLIP TO PAM MCDANIELS AT CENTRAL SERVICES OFFICE