

APPENDIX A

APPENDIX A

TEACHERS CASH RECEIPTS SUMMARY

School _____ Date _____

Activity _____

Name of Club or Organization (If Applicable) _____

	Student's Name		Cash	Check		Amount Collected
1.	_____		<input type="checkbox"/>	<input type="checkbox"/>	\$	_____
2.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
3.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
4.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
5.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
6.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
7.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
8.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
9.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
10.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
11.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
12.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
13.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
14.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
15.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
16.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
17.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
18.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
19.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
20.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
21.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
22.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
23.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
24.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
25.	_____		<input type="checkbox"/>	<input type="checkbox"/>		_____
			Total Checks		\$	_____
			Total Cash			_____
			Total Collected		\$	_____

I hereby certify that this is an accurate and complete record of all transactions for the activity noted above.

Teachers Signature

Date

Office Personnel Signature

Receipt #

VENDING MACHINE PROFIT/(LOSS) STATEMENT

For The Period ___/___/___ Through ___/___/___

ORGANIZATION/SCHOOL NAME: _____

PRODUCTS TO BE SOLD: _____

SUMMARY OF RECEIPTS AND DISBURSEMENTS

Cash Receipts:

Sales	\$	_____	
Interest Earnings		_____	
_____		_____	
_____		_____	
_____		_____	
TOTAL Cash receipts			\$ _____

Cash Disbursements:

Cost of Goods/Merchandise Sold	\$	_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
TOTAL Cash Disbursements			\$ (_____)

GROSS MARGIN or BALANCE \$ _____

LESS: Sales Tax Collected (If applicable) \$ (_____)

NET PROFIT/(LOSS) \$ _____

Prepared By: _____ Date: _____

Approved By: _____ Date: _____

COMPOSITE TICKET SALES REPORT

School _____ Date _____

Activity _____

vs. _____

	<u>Number of Tickets Sold</u>	x	<u>Price Per Ticket</u>	= \$	<u>Amount Collected</u>
Reserved Tickets Sold at Gate (See Note 1)	_____	x	_____	= \$	_____
Adult Tickets Sold	_____	x	_____	= \$	_____
Student Tickets Sold	_____	x	_____	= \$	_____
Other Tickets Sold	_____	x	_____	= \$	_____
Total Number of Tickets Sold	<u>_____</u>				
Total GROSS Gate Receipts				A. \$	_____
Amount of Starting Cash				B. \$	_____
TOTAL GROSS RECEIPTS DEPOSITED IN BANK (C = A + B)				C. \$	<u>_____</u>

Preparer's Signature _____

Principal's Signature _____

NOTES: (1.) All advanced season tickets are deposited under a separate sheet and not included in game by game report. (2.) Please ATTACH each individual ticket seller's report and a copy of the bank deposit slip to support this report.

INDIVIDUAL TICKET SELLER'S REPORT

School _____ Date _____

Activity _____

vs. _____

<u>TICKET SALES:</u>	<u>Number of Tickets Sold</u>	<u>Price Per Ticket</u>	<u>Amount Collected</u>
Reserved Tickets:			
Ending Ticket Number	_____		
Less: Beginning Ticket Number	(_____)		
Total Reserved Tickets Sold	_____	x \$ _____	= \$ _____
Adult Tickets:			
Ending Ticket Number	_____		
Less: Beginning Ticket Number	(_____)		
Total Adult Tickets Sold	_____	x \$ _____	= \$ _____
Student Tickets:			
Ending Ticket Number	_____		
Less: Beginning Ticket Number	(_____)		
Total Student Tickets Sold	_____	x \$ _____	= \$ _____
Other Tickets:			
Ending Ticket Number	_____		
Less: Beginning Ticket Number	(_____)		
Total Other Tickets Sold	_____	x \$ _____	= \$ _____
Total Number of Tickets Sold	<u>=====</u>		
Gross Monies Collected			\$ _____
ADD: Starting Cash			\$ _____
TOTAL MONIES RETURNED TO PRINCIPAL			\$ <u>=====</u>

Seller's Signature _____

Principal's Signature _____

NOTE: All sellers sheets are to be attached to the Composite Game Sales Report.

CONCESSION SALES PROFIT/(LOSS) STATEMENT

For The Period ___/___/___ Through ___/___/___

ORGANIZATION/SCHOOL NAME: _____

PRODUCTS TO BE SOLD: _____

SUMMARY OF RECEIPTS AND DISBURSEMENTS

Cash Receipts:

Sales	\$	_____	
Interest Earnings		_____	
_____		_____	
_____		_____	
_____		_____	
TOTAL Cash receipts			\$ _____

Cash Disbursements:

Cost of Goods/Merchandise Sold	\$	_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
TOTAL Cash Disbursements			\$ (_____)

GROSS MARGIN or BALANCE \$ _____

LESS: Sales Tax Collected (If applicable) \$ (_____)

NET PROFIT/(LOSS) \$ _____

Prepared By: _____

Date: _____

Approved By: _____

Date: _____

STATEMENT OF REVENUES AND EXPENDITURES

For The Period ____/____/____ Through ____/____/____

NAME OF SCHOOL _____

NAME OF CLUB/ORGANIZATION _____

Revenues (Itemize below):

_____	\$ _____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Total Revenues \$ _____

LESS: Expenditures (Itemize below):

_____	\$ _____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Total Expenditures _____

Excess (Deficiency) of Revenues Over Expenditures _____

ADD: Fund Balance at Beginning of Year _____

FUND BALANCE AT END OF YEAR \$ _____

Prepared By: _____ Date _____

Approved By: _____ Date _____