Alachua County Public Schools
Business Services Division

Activity Event Ticket Seller's Report

School _____ Ticket Station _____ Event _____ Date _____

Kind of Ticket	Color	Price Each	First Number on Roll Before Sale	Tickets Received By	First Number on Roll After Sale	Return Verified By	Quantity Sold (Count)	Total Sales

I certify that this report is true and accurate in every detail

_____
Signature – Ticket Seller

_____
Verified by: (Principal, Secretary or Business Officer)

Change
Received
$_____ By _____
Return/Received
$_____ By _____
None rec'd _____

Totals
Actual Cash Received $_____
Recorded on Receipt #_____
Date_____ By_____

INSTRUCTIONS: Use for all events for which admission is charged. Original to be forwarded with Principal's Report of Activity Event Receipts. Prepare additional copy (or copies) as needed for records and accountability of individual school. Prepare form for each ticket seller, for all selling locations. Complete all areas. Note any problems or discrepancies. **RETURN TORN TICKET STUBS WITH REPORT.**