

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.**