## ALACHUA COUNTY PUBLIC SCHOOLS BUSINESS SERVICES DEPARTMENT

## PRINCIPAL'S REPORT OF ACTIVITY EVENT RECEIPTS AND ADMISSIONS

HIGH SCHOOL VS $\qquad$ EVENT DATE $\qquad$
EVENT $\qquad$ LOCATION

Instructions: Prepare in duplicate. Retain the duplicate with your records to be made available for audit. Forward original of this report, originals of all reports of ticket sales or admissions, original list of complimentary admissions, and the torn event ticket stubs to the INTERNAL ACCOUNTS DEPARTMENT, THE SCHOOL BOARD OF ALACHUA COUNTY within 15 calendar days of the event.

Attached are the following receipts and admissions reports for the above captioned event:
TYPE OF SALE: Season Tickets $\qquad$ Advance Sale $\qquad$ Box Office $\qquad$
A. Report of Ticket Sales

| TICKET SELLER <br> (Print Name(s)) | BEGINNING/ENDING NUMBERS SOLD | QUANTITY | PRICE | TOTAL SALES | ACTUAL RECEIPTS |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## B. Complimentary Admissions (list attached) Total

Admitter of Complimentary Admissions
(Print Name)
C. Totals

Admissions* $\qquad$ \$ $\qquad$ \$ $\qquad$
D. I hereby certify that this is a complete and accurate report of all admissions and admission receipts (except for season tickets, where applicable), for the above captioned event.

* Include complimentary admissions

