CANTON PUBLIC SCHOOLS

Admission Ticket Form

# Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

# School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 1 – Ticket Sales

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Adult Tickets | Ticket Roll(s) | Ticket # following last ticket sold | Ticket Roll begins with # | # of Adult Tickets Sold |
| Roll 1 |  |  |  |
| Roll 2 |  |  |  |
|  |  | Total # of Adult Tickets Sold  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student Tickets | Ticket Roll(s) | Ticket # following last ticket sold | Ticket Roll begins with # | # of Student Tickets Sold |
| Roll 1 |  |  |  |
| Roll 2 |  |  |  |
|  |  | Total # of Student Tickets Sold  |  |

*I acknowledge that the ticket sales made by me are accurately represented.*

|  |  |
| --- | --- |
| Name of Ticket Seller(s): |  |
| Signature of Ticket Seller(s): |  |

# Section 2 – Cash Reconciliation

|  |  |  |  |
| --- | --- | --- | --- |
| Cash Box Money Advanced: | $ | Initials of Ticket Seller(s): |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Visitor** | **# of Tickets Sold** |  | **Cost/Ticket** |  | **Cash Received** |
| Adults |  | @ |  | = | $ |
| Students/Senior Citzens |  | @ |  | = | $ |
|  |  |  |  |  |  |
| Tickets sales SHOULD yield this amount of cash: |  | $ |
| ACTUAL amount of cash collected: |  | $ |
| Cash Discrepancy (if applicable, please explain) |  | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Cash Box Money Returned: | $ | Initials of Ticket Seller(s): |  |

*I acknowledge that the cash collected from all ticket sales made by me is accurately represented.*

|  |  |
| --- | --- |
| Name of Ticket Seller(s): |  |
| Signature of Ticket Seller(s): |  |

# Section 3 – Administrative Verification

 *I acknowledge that the ticket sales & cash reconciliation have been accurately represented. Further, I acknowledge*

 *that these monies will be stored & deposited in accordance with the practices of the Canton Public Schools.*

|  |  |  |  |
| --- | --- | --- | --- |
| Site Director's Signature (if necessary): |  | Date: |  |
| Department Coordinator’s Signature: |  | Date: |  |