

ATHLETIC EXPENSE FORM

DATE _____ (OF REPORT) _____ (SPORT) FINANCIAL REPORT

DATE _____ (GAME) _____ VS _____ PLACE _____

ADVANCE SALE	NUMBER SOLD	BASIC PRICE	TOTAL
STUDENTS			
ADULTS			
TOTAL			

GATE SALE	NUMBER SOLD	BASIC PRICE	TOTAL
STUDENTS			
ADULTS			
TOTAL			

PAY ALL EXPENSES BY CHECK. PAY NO EXPENSES OUT OF GATE RECEIPTS. GATE RECEIPTS MUST BE DEPOSITED INTACT.

EXPENSES:

_____ PRINTING OF TICKETS		\$	_____
_____ OFFICIALS	@		_____
_____ CLOCK OPERATORS	@		_____
_____ SELLERS	@		_____
_____ TICKET COLLECTORS	@		_____
_____ P. A. OPERATORS	@		_____
_____ GAME MANAGER	@		_____
_____ VISITING GAME MANAGER	@		_____
_____ DEPUTIES	@		_____
_____ STADIUM CARETAKER	@		_____
_____ COKES FOR TEAM	@		_____
_____ FOOTBALLS	@		_____
_____ DOCTOR	@		_____
_____ STADIUM RENTAL	@		_____
_____ SCOREKEEPERS	@		_____
_____ OTHER: (explain)	@		_____
_____	@		_____
_____	@		_____
_____	@		_____
TOTAL EXPENSES		\$	_____

TOTAL AMOUNT DEPOSITED (ADVANCE AND GATE) \$ _____

TOTAL GATE RECEIPTS \$ _____
 TOTAL GAME EXPENSES \$ _____
 NET RECEIPTS \$ _____
 _____ % NET RECEIPTS (HOME SCHOOL) \$ _____
 _____ % NET RECEIPTS (OPPONENT SCHOOL) \$ _____

_____ (HOME SCHOOL) HAS \$ _____
 _____ (OPPONENT SCHOOL) HAS \$ _____
 DUE OPPONENT SCHOOL \$ _____

REPORT MADE BY: _____ (SIGNATURE)

REPORT O. K. BY: _____ (ACCOUNT CLERK SIGNATURE)

APPROVED BY: _____ (PRINCIPAL'S SIGNATURE)