

ORCHARD VIEW ATHLETIC DEPARTMENT

GATE RECEIPT/TALLY

SPORTING EVENT _____ MS / JV / VARSITY GIRLS / BOYS

VISITING TEAM: _____

DATE: _____

STARTING SINGLE TICKET #: _____ ENDING SINGLE TICKET #: _____

ANTICIPATED REVENUE: _____ TICKETS SOLD: _____

PRICE PER TICKET FOR STUDENTS: _____ ADULTS: _____ FAMILY _____

ACCOUNTING RECORD

START UP AMOUNT: _____ ENDING AMOUNT TOTAL: _____

All bills must be counted and tallied in appropriate column.

Bills	# of Bills	Office Use Only	Coins	# of Coins	Office Use Only
\$100's			\$1 coin		
\$50's			.50 cents		
\$20's			.25 cents		
\$10's			.10 cents		
\$5's			.05 cents		
\$2's			.01 cents		
\$1's					

Signature of Gate Worker Reporting Money **Date**
(Form MUST be completed and signed for auditing purposes, per the Superintendents Office)

Signature of Office Staff Reporting Money **Date**
(Form MUST be completed and signed for auditing purposes, per the Superintendents Office)