Report of Ticket Sales

Fiscal Ye	Signature, Title and Date Advisor:		
Name of School:			
Name of Club:			
Name of Fundraiser/Event:		Date of Fundraiser/Event:	
Submitted and Approved by:			
Student Club Representative:			
	Signature, Title and Da	ate	
Club Advisor:			
	Signature, Title and Da	ate	
Principal/School Administrator: _			
	Signature, Title and Da	ate	
Recorded in ASB Student Council Minu	tes on:		
Name of Ticket Seller/Event Coordinate	or:		
Starting Ticket Number:			
Ending Ticket Number:			
Total Tickets Sold:	@ \$	each = \$	
Starting Ticket Number:			
Ending Ticket Number:			
Total Tickets Sold:	@ \$	each = \$	

Casl	Total Ticket Sales = \$ Cash Box Total = \$ Over/Short* = \$		
*Explanation of Over/Short:			
Ticket Seller/Event Coordinator Signature:		Date:	
Bookkeeper Signature:	Date:		