

ADMISSIONS RECONCILIATION

EVENT/FUNDRAISER NAME _____

DATE OCCURRED _____

ADMISSION per person _____

per couple _____

TICKET starting # _____

Ticket ending # _____ (subtract 1 from last ticket # on roll)

Total Revenue Collected (less start-up fund) \$ _____

Total # of tickets sold _____ X cost/ticket _____ = \$ _____
Complimentary Tickets given _____ (number)

Amount over _____ Amount short _____ (if applicable)

Treasurer's signature _____

Advisor's signature _____

Date _____

***PLEASE LEAVE THIS FORM WITH THE MONIES COLLECTED FROM THE
EVENT. TICKETS SHOULD BE SECURED IN AN ENVELOPE, LABELED, AND
TURNED IN TO THE MAIN OFFICE WITH CASH BOX.***