

School name _____ Event name _____
 VS _____ Event Date ____/____/____ (boys, girls, combined, other)
 Ticket seller(s) names _____

Department of Reporting and
 Regulatory Accountability
MONTGOMERY COUNTY PUBLIC SCHOOLS
 Rockville, Maryland 20850
**TICKETS AND CASH REPORT OF
 ADMISSIONS MANAGER**
 (See MCPS Regulation DMB-RA, Control of
 Admission Receipts)

ISSUED TO ADMISSIONS MANAGER				RETURNED TO REPORT AUDITOR				CASH RETURNED REPORT AND DEPOSIT TALLY	
Type of Ticket	Tickets Issued		A	B	Tickets Returned		C		A - C x B
	Serial Numbers		Number Tickets Issued	Ticket Price	Serial Numbers		Number Tickets Returned		Ticket Sales \$\$
Begin	End	Begin			End				
								Twenties	
								Tens	
								Fives	
								Ones	
								Quarters	
								Dimes	
								Nickles	
								Pennies	
								Checks (#)	
								Total Deposit	
								Change Fund	
								Value of Tickets Sold	
								Over/(Short)	
Totals									
Explanation of Over/(Short) _____								Receipt No. _____	
								Date ____/____/____	

_____/____/____ Signature, Ticket Controller _____/____/____ Date
 _____/____/____ Signature, Admissions Manager _____/____/____ Date
 _____/____/____ Signature, Report Auditor _____/____/____ Date