

**POPLARVILLE SPECIAL MUNICIPAL SEPARATE SCHOOL DISTRICT
SCHOOL EVENT RECEIPT FORM**

DATE OF EVENT: _____		GATE: _____	HOME _____
EVENT: _____		VISITOR GATE: YES OR NO ? _____	VISITOR _____
POPLARVILLE LOWER ELEMENTARY _____		POPLARVILLE HIGH SCHOOL _____	
POPLARVILLE UPPER ELEMENTARY _____		CAREER DEVELOPMENT CENTER _____	
MIDDLE SCHOOL OF POPLARVILLE _____		CENTRAL OFFICE _____	
CHANGE CASH DOLLAR AMOUNT: \$ _____			
CHANGE CASH AND TICKETS DELIVERED TO SCHOOL PERSONNEL NAME(S): _____			
DATE CHANGE CASH DELIVERED: _____		SIGNATURE: _____	
		SIGNATURE: _____	

TICKETS CHECKED OUT:	NUMBER FROM _____	NUMBER TO _____
TICKETS SOLD:	NUMBER FROM _____	NUMBER TO _____
TICKETS RETURNED:	NUMBER FROM _____	NUMBER TO _____
NUMBER OF TICKETS SOLD:	_____	PRICE PER TICKET: \$ _____
(ENDING TICKET NUMBER SOLD MINUS BEGINNING TICKET NUMBER SOLD PLUS 1)		

TICKET SALES: \$ _____	NAME OF 1ST ATTENDANT: _____
(NUMBER OF TICKETS SOLD MULTIPLIED BY PRICE PER TICKET)	
CHANGE CASH RETURNED: _____	SIGNATURE: _____
TOTAL CASH RECEIVED: \$ _____ - _____	NAME OF 2ND ATTENDANT: _____
DATE DEPOSITED AT BANK: _____	SIGNATURE: _____
PERSONNEL MAKING DEPOSIT: _____	

VERIFICATION:	RECEIPT NUMBER _____	DATED _____
	IN THE AMOUNT OF \$ _____	ISSUED TO _____
	BY (NAME) _____	BY (SIGNATURE) _____
FOR CASH RECEIVED FROM SCHOOL ACTIVITY EVENT		
I VERIFY THIS REPORT TO BE CORRECT: _____	PRINCIPAL'S (ADMINISTRATOR'S) SIGNATURE _____	DATE _____