

**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: (ENDING TICKET NUMBER SOLD MINUS BEGINNING TICKET NUMBER SOLD PLUS 1)	_____	PRICE PER TICKET:	\$ _____

TICKET SALES: \$ _____ (NUMBER OF TICKETS SOLD MULTIPLIED BY PRICE PER TICKET)	NAME OF 1ST ATTENDANT: _____
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