

JUN 02 2016



KHSAA District Tournament Financial Report
 (return to KHSAA by published deadlines. File separate reports if
 Girls and Boys Tournaments held separately in the specific sport)

KHSAA Form GE52
Rev 04/14

Event (check one) Baseball ☒ Basketball ☐ Soccer ☐ Softball ☐ Volleyball ☐

District # 40 Boys ☒ Girls ☐ Combined ☐

Held at Montgomery County High School Dates 5/23/16 - 5/24/16

Part A	REVENUE ITEMS	Price(s)	Receipts	Totals
	Ticket Sales	\$5.00	\$2,530.00	
	Broadcasting			
	Sponsorship			
	Per Team Entry Fee Charged by Host			
	TOTAL REVENUE (1)			\$2,530.00
Part B	EXPENSE ITEMS		Expenses	
	Game Officials		\$510.84	
	Trophies		\$438.01	
	Travel for Participating Teams			
	Other Itemized Expenses approved in advance by majority vote of schools in tournament (provide separate listing or list on back of this form)		\$399.51	
	TOTAL EXPENSES (2)			\$1,348.46
Part C	Net Profit (Part A (1) minus Part B (2) total)			\$1,181.04
Part D	Allowance to Host School - Maximum 15% for rental and incidental expenses unless otherwise approved by majority vote			
Part E	Profit Subject to Division by Schools (Part C minus Part D)			\$1,181.04

**LIST BELOW INDIVIDUAL AMOUNTS FOR DISTRICT TOURNAMENT NET PROFITS FROM PART E
 ABOVE, NOT INCLUDING TRAVEL EXPENSES**

School	Amount	School	Amount

PAID ATTENDANCE BY SESSIONS (Tickets Sold NOT money received)

Session	Paid
5/23	325
5/24	181
Total	506

**** NOTE ** IF ANY OTHER PLAN FOR THE DIVISION OF TOURNAMENT RECEIPTS IS USED, A MAJORITY VOTE OF THE PARTICIPATING SCHOOLS MUST BE OBTAINED, DOCUMENTED, AND SENT TO THE KHSAA.**

MANAGER

Kevin Letcher

SCHOOL

Montgomery Co.

DAYTIME PHONE

859-497-8765

Baseballs

\$399.51

SCHOOL ACTIVITY FUND REQUISITION AND REPORT OF TICKET SALES

School MCMS
Activity Account Activities

Event District Baseball Final
Date 5-24-12

ADMIT ONE

ADMIT ONE

K12792 0015

K12792

001636Y

here.

TICKET REQUISITION

To be sold for the event listed above. The first ticket number sold (not the one attached to this form) is recorded in Column D on completion of ticket sales. Receipt of \$ _____ is acknowledged.

REPORT OF SALES

Person in Charge of Sales

	A Ticket Color	B Beginning Ticket No. Sold	C Ticket Seller Initials	D Next Available Ticket No.	E Ticket Seller Initials	F No. of Tickets Sold (D-B)	G Price Each	H Total (F x G)
Advance Sales	Adults							
	Students							
Gate 1	Adults	<u>201543</u>		<u>001636</u>		<u>93</u>	<u>5.00</u>	<u>465</u>
	Students							
Gate 2	Adults							
	Students							
Gate 3	Adults							
	Students							
Gate 4	Adults							
	Students							

Checks	
Currency	<u>746</u>
Coins	<u>31.32</u>
Total	<u>777.32</u>

Total Sales	<u>465</u>
Change Returned	<u>300</u>
Cash Over/Short	<u>12.32</u>
Total Cash	<u>777.32</u>

Person in Charge of Sales: _____

Received by: Brittany Webb

School Treasurer

Ticket Taker: _____

*Form and money must be turned in to the school treasurer the first work day following the event.

School MEHS .
Activity Account Athletics

金

KY2792 002701Y

ADDITION

KY2792 002790Y

2015-2016

MONTGOMERY COUNTY INDIANS



EVERY SEASON STARTS AT

DICK'S

SPORTING GOODS

TICKET REQUISITION

Receipt of the tickets to be sold for the event listed above. The first ticket number sold (not the one attached to this form) is recorded in the first column. The second ticket number will be recorded in Column D on completion of ticket sales. Receipt of \$_____ is acknowledged.

Start and end tickets here.

TICKET REQUISITION

Event	District Baseball Final
Date	5-24-16

REPORT OF SALES

Person in Charge of Sales

[illegible]

Pales:

John Rice

Received by:

School Treasurer

*Form and money must be turned in to the school treasurer the first work day following the event.

7

Date 5-23-16

KY2792 44 0059307

March 2013

007106J

2015-2016

ADMIT ONE

0072721

2015-2016

SCHOOL ACTIVITY FUND

REQUISITION AND REPORT OF TICKET SALES

704 DB

F-SA-1

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Event ~~23 May~~ 4th Baseball Districts
Date 23 May 11

TICKET REQUISITION

TICKET REQUISITION

Receipt of the tickets to be sold for the event listed above. The first ticket number sold (not the one attached to this form) is recorded in _____ end ticket number will be recorded in Column D on completion of ticket sales. Receipt of \$ _____ is acknowledged.

Start and end tickets here. _____

REPORT OF SALES

Person in Charge of Sales

[illegible]

Total Sales	\$800
Change Returned	
Cash Over/Short	\$15
Total Cash	\$815

Person in Charge of Sales: Cherry Lee
Ticket Taker: Reynold Jones

*Form and money must be turned in to the school treasurer the first week of the event.

SCHOOL ACTIVITY FUND STANDARD INVOICE

School <u>MCHS</u>	Date <u>5/23/16</u>
Activity Account <u>Athletics</u>	

Vendor's Name	<u>Justin Dozier</u>
Address	<u>872 Marblehead Dr. Lexington, KY 40509</u>
Phone	<u>(606) 246-0692</u>
Fax	
FEIN or Soc. Sec. No.	<u>400-39-6606</u>

Quantity	Item Description	Unit Cost	Total Cost
<u>3</u>	<u>District Baseball Umpire</u>	<u>50.00</u>	<u>150.00</u>
Total			<u>150.00</u>

Vendor Certification

I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized.

M. Justin Dozier
Vendor Signature

Approval for Payment

Person Receiving Item
[Signature]
Sponsor

Amount Paid: _____
Date Paid: _____
Check No.: _____

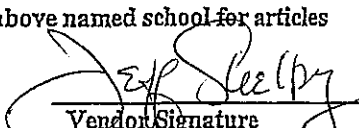
Principal (not required if Principal Signed Above)

SCHOOL ACTIVITY FUND STANDARD INVOICE

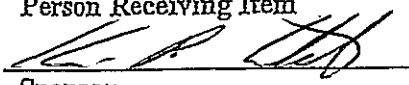
School <u>MC HS</u>	Date <u>5/23/16</u>
Activity Account <u>Athletics</u>	

Vendor's Name	<u>Jeff Shelby</u>
Address	<u>3816 Polo Club Blvd. Lexington, KY 40509</u>
Phone	<u>859 333-9802</u>
Fax	
FEIN or Soc. Sec. No.	<u>406-88-10 406-96-8910</u>

Quantity	Item Description	Unit Cost	Total Cost
3	District Baseball Umpire	50.00	150.00
Total			150.00

Vendor Certification	
I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized.	
 Vendor Signature	

Approval for Payment

Person Receiving Item _____

 Sponsor

Amount Paid: _____
 Date Paid: _____
 Check No.: _____

Principal (not required if Principal Signed Above)

SCHOOL ACTIVITY FUND STANDARD INVOICE

School <u>MCHS</u>	Date <u>5/23/16</u>
Activity Account <u>Athletics</u>	

Vendor's Name	<u>David Weathers</u>
Address	<u>1326 The Kings Ct. Lexington, KY 40515</u>
Phone	<u>859-321-6011</u>
Fax	
FEIN or Soc. Sec. No.	<u>401-15-8120</u>

Quantity	Item Description	Unit Cost	Total Cost
3	District Baseball Umpire	50.00	150.00
156	Mileage	.39	54.60
			60.84
			210.84
Total			210.84

Vendor Certification

I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized.

David Weathers
Vendor Signature

Approval for Payment

Person Receiving Item
[Signature]
Sponsor

Amount Paid: _____
Date Paid: _____
Check No.: _____

Principal (not required if Principal Signed Above)