



KHSAA Semi-State Baseball Tournament Financial Report

KHSAA Form BA108
Rev. 4/07

(return one copy and unsold tickets to KHSAA within one week of tournament.)

SemiState # 5 Held at FRANKLIN CO. HIGH SCHOOL

Dates 6/4-6/5/08

Part A. Ticket Sales Reconciliation			
Color of Tickets -			
Start Ticket Number (500 per roll)	End Ticket Number	Sold	
002001	002162	161	
002503	002696	193	
		Total Sold 354	
Total Ticket Revenue (A-1)		X selling price - \$7.00 = Total Ticket Sales \$2478.00	
Part B OTHER REVENUE ITEMS		Total Receipts	Total
(1)	Ticket Sales (from A-1 above)	\$2478.00	
(2)	Broadcasting		
(3)	Sponsorship		
(4)	TOTAL REVENUE (4)		\$2478.00
Part C ALLOWABLE EXPENSE ITEMS PAID BY HOST PRIOR TO SUBMISSION TO KHSAA		Expenses	
(1)	Facility Rental (only if documented by contract and receipt and not on school owned property)	-0-	
(2)	Tournament Manager (agreed by participants, not to exceed \$75 per day of tournament)	\$150.00	
(3)	Field Preparation Labor (not to exceed \$75 per day)	\$150.00	
(4)	Field Preparation Supplies (include receipts)	-0-	
(5)	Scoreboard and Scorebook Operators (not to exceed \$30 per game)	\$60.00	
(6)	Public Address Announcers (not to exceed \$30 per game)	\$60.00	
(7)	Total for Gate Workers (not to exceed \$25 per day per worker)	\$50.00	
(8)	Security (itemize per person cost on reverse)	-0-	
(9)	Certified Athletic Trainer (itemize per person cost on reverse)	\$50.00	
(10)	Other (itemize on back, prior KHSAA approval required)		
(11)	Other (itemize on back, prior KHSAA approval required)		
(12)	Other (itemize on back, prior KHSAA approval required)		
(13)	Other (itemize on back, prior KHSAA approval required)		
(14)	TOTAL EXPENSES (14)		\$520.00
Part D First Line Net Profit (Part B (4) minus Part C (14) total) to be sent to KHSAA. All other bills to be paid by KHSAA.			\$1958.00

PAID ATTENDANCE BY SESSIONS (Tickets Sold NOT money received)

Session	Paid
	193
	161
3 (if needed)	
Total	354

Umpire Mileage Driven (List only actual driven, use round-trip totals) ATTACH ANY LODGING RECEIPTS IF APPROVED

Umpire	Day 1	Day 2	Other
W. Begley	80	--	
B. McIntosh	180	--	
S. Allison	126	126	
W.B. Bradley	--	--	

MANAGER

FRANKLIN CO.
HOST SCHOOL

859-420-2550
DAYTIME PHONE

859-420-2550
CELL PHONE

ck 21376
\$1958

CERTIFIED EMPLOYEE SUPPLEMENTAL TIMESHEET

Munis Employee # _____

Program: Athletics

Month/Year June

SS# 259-13-8088

Teacher Name Rachel Ross, ATC

School FCHS

Date Hours Worked

1 _____ 16 _____

Munis Code # _____

2 _____ 17 _____

3 _____ 18 _____

Hourly Rate # \$25 / game (SEMI-STATE BASEBALL)

4 25 _____ 19 _____

Total Hours Worked _____

5 25 _____ 20 _____

Total Gross Pay \$50

6 _____ 21 _____

7 _____ 22 _____

8 _____ 23 _____

9 _____ 24 _____

10 _____ 25 _____

11 _____ 26 _____

12 _____ 27 _____

13 _____ 28 _____

14 _____ 29 _____

15 _____ 30 _____

31 _____

Total \$50

R. Ross

Employee Signature

T. Spinkard, A.D.

Project Manager

School Principal Signature

Timesheets should be completed for days 1 - 15 of each month and days 16 - end of the month. The stipend will be added to the next pay period. Submit timesheet with regular school timesheets on the 16th and 1st of each month.

check 21376
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