



KHSAA Football Playoff Financial Report
 (Return one copy to KHSAA within one week following game)

KHSAA Form FB102
Rev. 09/10

Class 1A 2A 3A 4A 5A 6A
 SITE: _____ DATE _____

vs. _____

Part A	REVENUE ITEMS	Price(s) (please list)	Receipts	Totals
	Ticket Sales			
	Broadcasting			
	Sponsorship			
	TOTAL REVENUE (1)			
Part B	EXPENSE ITEMS (NOT INCLUDING TEAM TRAVEL)		Expenses	
	Game Officials			
	Trophies			
	Other itemized expenses approved by prior mutual agreement of competing teams (provide separate listing on back and instructions on allowable expenses in manager's instructions)			
	TOTAL EXPENSES (NOT INCLUDING TEAM TRAVEL)			
Part C	FIRST LINE NET REVENUE (Part A minus Part B)			
Part D-1	EXPENSES FOR TEAM TRAVEL (IF NOT USING GATE SPLIT)		Expenses	
	Travel for Visiting Team _____ miles @ ____ per mile			
	Meals for Visiting Team _____ meals @ ____ per meal			
	Lodging for Visiting Team _____ nights for _____ people @ \$ _____			
	TOTAL TEAM TRAVEL EXPENSES			
Part D-2	EXPENSES FOR TEAM TRAVEL (IF USING GATE SPLIT)		Expenses	
	Fifty Percent of Part C			
	TOTAL TEAM TRAVEL EXPENSES			
Part E	TRAVEL EXPENSES (Part D-1 OR Part D-2)			
Part F	NET PROFIT FROM PLAYOFF GAME (Part C minus Part E)			
Part G	Amount set aside for non-participating schools by vote of ALL schools per Constitution, Article VII, Section 2			
Part H	Net Profit of Game to be divided among participating teams (Part F minus Part G)			
Part I	RECONCILIATION OF DISTRIBUTION TOTALS			
	Amount paid for non-travel expense items (Part B above)			
	Amount distributed to visitors for travel expenses (Part D-1 or D-2 above)			
	Amount distributed to non-participating teams (Part G above)			
	Amount of net profit (Part H) given to Visiting Team			
	Amount of net profit (Part H) retained by Home Team			
	TOTAL DISTRIBUTION (should equal Part A above)			

**LIST BELOW INDIVIDUAL DISTRIBUTION AMOUNTS FOR PLAYOFF NET PROFITS FROM PART F ABOVE
 (DO NOT INCLUDE TRAVEL OR MONEY TO TEAMS INVOLVED IN GAME)**

School	Amount	School	Amount	School	Amount	School	Amount

MANAGER _____

EMAIL _____

DAYTIME PHONE _____