|  |  |  |
| --- | --- | --- |
| ***F:\Graphics\Logos\KHSAA Logos\KHSAAlogotobeusedonforms.png*** | ***Semi-State/Quarterfinal Tournament Sales and*** ***Expense Report****(return this form, unsold tickets and the calculated first line net profit to the KHSAA within one week of the event)* | *KHSAA Form GE88**Rev. 9/19* |

|  |  |  |
| --- | --- | --- |
| Event (check one) |  | Field Hockey Quarterfinal Round (Round of 8) Contest |
|  |  | Soccer Semi-State (Round of 16) Contest |
|  |  | Soccer Quarterfinal (Round of 8) Contest |
|  |  | Softball Semi-State (Round of 16) Contest |
|  |  | Baseball Semi-State (Round of 16) Contest |

|  |  |  |  |
| --- | --- | --- | --- |
| Held at |  | Date |  |

|  |  |
| --- | --- |
| Participating Teams |  |

***SECTION A. Ticket Sales Reconciliation***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Roll | Color of Tickets | Start Ticket Number | First Ticket Remaining on Roll | Tickets Sold | Price Per Ticket | Sales |
| (1) |  |  |  |  |  |  |
| (2) |  |  |  |  |  |  |
| (3) |  |  |  |  |  |  |
| (4) |  |  |  |  |  |  |
| **(A1) TOTAL TICKETS SOLD AND TOTAL GROSS Ticket Sales** |  |  |  |

***Section B. ALLOWABLE EXPENSE ITEMS PAID BY HOST FROM GATE RECEIPTS before SUBMISSION TO KHSAA.***

***do not include items in this section iF a flat fee for all services has been agreed through the site selection process***

|  |  |  |
| --- | --- | --- |
| **ITEM** | Expenses |  |
| Game Manager (maximum $125 first game, $200 for two games) |  |  |
| Officials Liaison and Manager – (maximum $35 first game, $55 for two games) |  |  |
| Public Address – (maximum $35 first game, $55 for two games) |  |  |
| Scoreboard Operator – (maximum $35 first game, $55 for two games) |  |  |
| Official Scorer – (maximum $35 first game, $55 for two games) |  |  |
| PA Sub spotter (soccer only) – (maximum $35 first game, $55 for two games) |  |  |
| Statistician maximum 1 person per game, if providing complete equipment and service – (maximum $40 per game) |  |  |
| Paid to Uniform Security at Rate agreed by KHSAA prior to contest(s) |  |  |
| Paid for Medical / Training Services at Rate agreed by KHSAA prior to contest(s) |  |  |
| Other (only permitted if approved in advance by KHSAA staff) |  |  |
| Other (only permitted if approved in advance by KHSAA staff) |  |  |
| **(B1) TOTAL ALLOWABLE EXPENSES PAID BY HOST FROM GATE RECEIPTS** |  |  |

***SECTION C.TO BE COMPLETED ONLY IF THE GAME OFFICIALS ARE PAID BY THE HOST SITE***

|  |  |
| --- | --- |
| **(C1) Total Paid For Game Officials (Rates are fixed, no mileage, and must be in accordance with rates listed in instruction manual** |  |
| Method of Payment (check one) |  | Check Issued by School |  | Paid via ArbiterPay |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **First Line Net Profit (A1 MINUS B1 MINUS C1).****This amount sHALL be forwarded to KHSAA WITHIN SEVEN (7) DAYS.****ANY other EXPENSEs AND PERSONNEL WILL be paid by KHSAA UPON APPROVAL** |  |

***SECTION D.TO BE COMPLETED ONLY IF THE KHSAA IS TO PAY THE OFFICIALS***

***(KHSAA will pay these upon receipt of this report and net profit check)***

|  |  |
| --- | --- |
| Official’s Name | KHSAA ID |
|  |  |
|  |  |
|  |  |
|  |  |

***PLEASE INCLUDE AN ATTACHMENT TO DETAIL ANY ADDITIONAL EXPENSES, LISTED AS “OTHER” ABOVE***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| SITE MANAGER |  | HOST SCHOOL/INSTITUTION |  | CELL PHONE |