KHSAA Form GE88 Rev. 9/19

KHSAA

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)

Event (cl	heck one)	Soccer Semi-State (Soccer Quarterfinal Softball Semi-State	erfinal Round (Round of 8) Cor Round of 16) Contest (Round of 8) Contest (Round of 16) Contest (Round of 16) Contest	ntest				
Held at					Date			
Particina	iting Teams							
i ditiolpo		SECTION	A. TICKET SALES RECONCI	LIATION				
	T	Start Ticket	First Ticket Remaining on			Price Per		
Roll	Color of Tickets	Number	Roll	Tickets Sold		Ticket	Sales	
(1)			-					
(2)								
(3)								
(4)								
(A1) TO	TAL TICKETS SOLI	O AND TOTAL GROSS	S TICKET SALES					
			ID BY HOST FROM GATE RE FLAT FEE FOR ALL SERVIC SELECTION PROCESS					
ITEM			SELECTION FROCESS		E	xpenses		
Game Manager (maximum \$125 first game, \$200 for two games)						1,0000		
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) 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								
	TAL PAID FOR GAI		S ARE FIXED, NO MILEAGE,				311 <u>L</u>	
Method of	of Payment (check o	ne)	Check Issued by School		Paid	via ArbiterPa	ny	
EIDET I	INE NET DROEIT //	A1 MINUS B1 MINUS C	^4\					
THIS AN	OUNT SHALL BE I	FORWARDED TO KHS	, i). SAA WITHIN SEVEN (7) DAY: _ BE PAID BY KHSAA UPON		AL			
			TED ONLY IF THE KHSAA IS upon receipt of this report a	_	_			
Official's Name						KHSAA ID		
PLEASE	INCLUDE AN ATTA	CHMENT TO DETAIL	ANY ADDITIONAL EXPENSE	ES, LISTEL	O AS "	OTHER" AB	OVE	
SITE MA	NAGER	HOST SCH	HOOL/INSTITUTION			CELL PH	ONE	