(Form SA-4) Prescribed by State Board of Accounts

No. _____

TICKET SALES

SCHOOL _____ TOWN OR CITY _____

GAME _____ DATE _____

OTHER _____ ACTIVITY _____

TICKETS								
KIND	ISSUED		RETURNED		TICKETS SOLD	PRICE	Total Amount Sales	
	Serial No.	Amt.	Serial No.	Amt.				
	TOTAL							

Made By _____ (Title)

Verified and approved by _____ (Official or Sponsor)

ORIGINAL - WHITE

DUPLICATE - YELLOW

(Form SA-4) Prescribed by State Board of Accounts

No. _____

TICKET SALES

SCHOOL _____ TOWN OR CITY _____

GAME _____ DATE _____

OTHER _____ ACTIVITY _____

TICKETS								
KIND	ISSUED		RETURNED		TICKETS SOLD	PRICE	Total Amount Sales	
	Serial No.	Amt.	Serial No.	Amt.				
	TOTAL							

Made By _____ (Title)

Verified and approved by _____ (Official or Sponsor)

ORIGINAL - WHITE

DUPLICATE - YELLOW