

Alden-Hebron S. D. #19

ATHLETIC GATE RECEIPTS

Event Date: _____

Event: _____

Event Start Time: _____ Event End Time: _____

Total Cash in Box at start of event: \$_____

Check one: () Vacation Day or () Check Compensation \$25.00

****A CHECK WILL BE PAID TO YOU****

(DO NOT TAKE CASH FROM THE BOX!)

Final Total: \$_____

Employee Name: (Please write legibly)

Employee Signature:

Verified By: (Please write legibly)

Verified By Signature:
