



BOX OFFICE RECORD

(Fill out a separate form for each performance and turn in with money for deposit.)

DEPARTMENT: _____ **PERFORMANCE DATE:** _____

PERFORMANCE : _____

TICKET TYPE	BEGINNING NUMBER	ENDING NUMBER	TOTAL # TICKETS SOLD	TICKET COST	TOTAL AMOUNT SOLD	Seller's Initials
Pre-Sales Adult					\$	
Pre-Sales Student/Child					\$	
Pre-Sales COMPS					\$ N/A	
Event Adult					\$	
Event Student/Child					\$	
Event COMPS					\$ N/A	

TICKET TYPE	BEGINNING NUMBER	ENDING NUMBER	TOTAL # TICKETS SOLD	TICKET COST	TOTAL AMOUNT SOLD	Seller's Initials
SEASON TICKETS	N/A	N/A			\$	
RESERVED SEATS/ADULT	N/A	N/A			\$	
RESERVED SEATS/CHILD	N/A	N/A			\$	

1. Total Value of All Tickets Sold	\$
2. Total Amount of Beginning Change	\$
3. Total of # 1 and #2	\$
4. Cash Turned In	\$
5. Cash Over (line 4 is more than line 3) or Short (line 4 is less than line 3)	\$

DEPARTMENT CHAIR SIGNATURE: _____