

Miles ISD Cash Log Form

This form shall be completed in permanent ink.

Any correction shall be made by single mark strikeouts and initialed by the person making the correction.

Event: _____ Opponent/ Organization: _____
 Date: _____ Gate Keeper/ Sponsor: _____

Print Name

**Start Up Cash
(If Applicable)**

Gate Keeper/Sponsor End of Event	
\$1	\$
\$2	\$
\$5	\$
\$10	\$
\$20	\$
\$50	\$
\$100	\$
Total Bills:	\$
1¢	\$
5¢	\$
10¢	\$
25¢	\$
50¢	\$
\$1	\$
Total Coins:	\$
Total Cash:	\$
Total Checks: (List on back)	\$
Grand Total:	\$

Administrator End of Event	
\$1	\$
\$2	\$
\$5	\$
\$10	\$
\$20	\$
\$50	\$
\$100	\$
Total Bills:	\$
1¢	\$
5¢	\$
10¢	\$
25¢	\$
50¢	\$
\$1	\$
Total Coins:	\$
Total Cash:	\$
Total Checks: (List on back)	\$
Grand Total:	\$

_____ **Date Received**

_____ **Person Receiving Start Money**

_____ **Admin Office Signature**

_____ **Gate Keeper/Sponsor Signature**

_____ **Administrator Signature**

Admin Office Use Only

Total Box:	\$
Less Start Up:	\$
Total Deposit:	\$

Please circle one:

- Regular Deposit
- Gate Box Deposit
- Activity Fund Deposit

Date Returned to Admin Office: _____

Deposited by: _____