

PIAA DISTRICT XI (_____) PLAYOFFS FINANCIAL REPORT
 (Enter Gender & Sport)

_____ **ROUND CONTEST(S) NUMBER(S):** _____ **CONTEST(S) DATE:** _____

CONTEST(S) SITE: _____ **CONTEST(S) MANAGER:** _____

Visiting School(s)	Score ()	vs	Home School(s)	Score ()	Class
_____	()	vs	_____	()	A/AA/AAA/AAAA
_____	()	vs	_____	()	A/AA/AAA/AAAA
_____	()	vs	_____	()	A/AA/AAA/AAAA

(Circle One)

RECEIPTS

SERIES TICKETS SOLD (Wrestling ONLY)

1. Adult a. _____ @ \$ _____ = b \$ _____
2. Student c. _____ @ \$ _____ = d \$ _____
3. **TOTAL SERIES SALES** (Add lines 1b and 2d) \$ _____

GATE SALE TICKETS SOLD

4. Adult a. _____ @ \$ _____ = b. \$ _____
5. Student c. _____ @ \$ _____ = d. \$ _____
6. **TOTAL GATE SALES** (Add lines 4b and 5d) \$ _____
7. PAID ATTENDANCE (Add lines 1a, 2c, 4a and 4c) _____
8. **TOTAL SERIES SALES AND GATE SALES** (Add lines 3 and 6) \$ _____

MEDIA BROADCASTING FEES:

	<u>Media Name</u>	<u>Media Type (Radio/TV/Web)</u>	<u>Check Number</u>	<u>Rights Fees Collected</u>
9.	_____	_____	_____	\$ _____
10.	_____	_____	_____	\$ _____
11.	_____	_____	_____	\$ _____
12.	_____	_____	_____	\$ _____
13.	_____	_____	_____	\$ _____
14.	TOTAL MEDIA FEES (Add lines 9-13)			\$ _____
15.	TOTAL GROSS RECEIPTS (Add lines 8 and 14)			\$ _____

FINANCIAL SUMMARY

- 16. **TOTAL GROSS RECEIPTS** (Line 15) \$ _____

- 17. **AMOUNT DEPOSITED ON** (month / day / year)
INTO PIAA DISTRICT XI DEPOSITORY \$ _____

- 18. **TOTAL REQUEST FOR PIAA DISTRICT XI-ISSUED CHECK(S)**
(From **LINE B** of Request for Check(s) Form) \$ _____

- 19. **TOTAL AMOUNT PRE-PAID BY PIAA DISTRICT XI-ISSUED CHECK(S) FOR**
CONTRACTED RENTAL CHARGES AND/OR SERVICES (If applicable) \$ _____

- 20. **NET RECEIPT/DEFICIT** (Subtract lines 19 and 20 from line 18) \$ _____
(Circle One)

For bank deposit of checks made payable to PIAA District XI and Cash Receipts (less Cash Disbursements), please follow instructions below:

(a) Using PIAA District XI deposit slip(s) provided, deposit all checks and cash receipts (less cash disbursements) into the most convenient Wachovia branch office (PIAA District XI depository) within two (2) business days of completion of the Contest(s) date; **OR**

If Cash Receipts results in a Deficit, on Part IV of the Request For Check(s) Form please provide the name and mailing address of the individual(s) or entity to whom the check(s) for that Deficit is (are) to be made payable.

SUBMITTED BY: _____, PIAA District XI-Appointed Contest(s) Manager

PIAA DISTRICT XI PLAYOFF CONTEST(S) REQUEST FOR CHECK(S) FORM

ROUND CONTEST(S) NUMBER(S): _____ **CONTEST(S) DATE:** _____ **CONTEST(S) SITE:** _____

PIAA District XI shall issue checks for reimbursement to participating member schools and payments to PIAA District XI Playoff Contest(s) sites for their non-contracted rental charges and services, PIAA District XI-Appointed Contest(s) Managers, Assistant Contest(s) Managers, PIAA District XI-Assigned Contest(s) Officials, and all other individuals compensated for facilities or services rendered in connection with PIAA District XI Playoff Contests. Payments to PIAA District XI Contest(s) sites for their non-contracted rental charges and services, PIAA District XI-Appointed Contest(s) Managers, Assistant Contest(s) Managers, PIAA District XI-Assigned Contest(s) Officials, and all other individuals compensated for facilities or services rendered in connection with PIAA District XI Playoff Contests shall occur as soon as reasonably possible following the submission of the respective PIAA District XI Playoff Contests financial reports to the PIAA District XI Treasurer.

PART I. CONTEST(S) SITE'S NON-CONTRACTED RENTAL CHARGE.

Contest(s) Site's Name:	Contest(s) Site's Mailing Address :	Amount Due:	Authorized Contest(s) Site Representative's Name:	Authorized Contest(s) Site Representative's Telephone Number:	Authorized Contest(s) Site Representative's Signature:
		\$		()	X

PART II. PIAA DISTRICT XI-APPOINTED PLAYOFF CONTEST(S) MANAGER'S HONORARIUM AND ASSISTANT PLAYOFF CONTEST(S) MANAGER'S HONORARIUM ARE SET FORTH ON PAGE OF THE PIAA DISTRICT XI CONTEST MANAGERS' HANDBOOK. THESE HONORARIA REPRESENT COMPENSATION FOR ALL EXPENSES INCURRED IN CARRYING OUT THE DUTIES AND RESPONSIBILITIES OF BOTH PIAA DISTRICT XI-APPOINTED CONTEST(S) MANAGER AND ASSISTANT CONTEST(S) MANAGER.

PIAA District XI-Appointed Contest(s) Manager's Full Name:	Home Mailing Address:	Amount Due:	Social Security Number:	Contest(s) Manager's Home Telephone Number:	Contest(s) Manager's Signature:
		\$	-- --	()	X
Assistant Contest(s) Manager's Full Name:	Home Mailing Address:	Amount Due:	Social Security Number:	Assistant Contest(s) Manager's Home Telephone Number:	Assistant Contest(s) Manager's Signature:
		\$	-- --	()	X
SUBTOTAL AMOUNT DUE (Include Assistant only if in excess of \$100)		\$			

PART III. PIAA DISTRICT XI-ASSIGNED CONTEST OFFICIAL'S HONORARIUM .

PIAA District XI-Assigned Contest Official's Full Name:	Home Mailing Address:	Amount Due:	Social Security Number:	Home Telephone Number of Contest Official:	Signature of Contest Official:
1.		\$	-- --	()	X
2.		\$	-- --	()	X
3.		\$	-- --	()	X
4.		\$	-- --	()	X
5.		\$	-- --	()	X
6.		\$	-- --	()	X
7.		\$	-- --	()	X
8.		\$	-- --	()	X
9.		\$	-- --	()	X
SUBTOTAL AMOUNT DUE (All Assigned Contest Officials)		\$			

PART IV. INDIVIDUALS OR ENTITIES WHO ARE COMPENSATED FOR FACILITIES OR SERVICES RENDERED IN CONNECTION WITH PIAA DISTRICT XI PLAYOFF CONTEST(S) AND/OR INDIVIDUAL OR ENTITY TO WHOM THE CHECK FOR THE NET DEFICIT IS TO BE MADE PAYABLE.

Individual's or Entity's Full Name and Service(s) Rendered:	Individual's Home Mailing Address or Entity's Business Address:	Amount Due:	Individual's Social Security Number:	Individual's Home Telephone No. or Entity's Business Telephone No.:	Individual's or Authorized Entity Representative's Signature
1.		\$	-- --	()	X
2.		\$	-- --	()	X
3.		\$	-- --	()	X
4.		\$	-- --	()	X
5.		\$	-- --	()	X
6.		\$	-- --	()	X
SUBTOTAL AMOUNT DUE (Attach additional sheet as necessary.)		\$			

PART V. REQUEST FOR MEMBER SCHOOLS' TRAVEL REIMBURSEMENT @ \$1.00 PER MILE (SEMIFINALS & FINALS ONLY – ACTUAL MILEAGE).

Member School's Name:	Member School's Mailing Address:	Amount Due:	Total Miles (ROUNDTRIP)
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	
SUBTOTAL AMOUNT DUE (All Member Schools' Reimbursements)		\$	

TOTAL AMOUNT DUE (Add Part I, Part II, Part III, Part IV, and Part V Subtotal Amounts Due and forward this Total Amount Due to <u>Line 18</u> TOTAL CHECK DISBURSEMENTS line of DISBURSEMENTS SUMMARY.)	\$ _____	PIAA District XI-Appointed Contest(s) Manager's Signature
		LINE B

PLEASE COMPLETE ALL FIELDS FOR APPLICABLE CONTEST(S) SITE NON-CONTRACTED RENTAL CHARGE, PIAA DISTRICT XI-APPOINTED CONTEST(S) MANAGER, ASSISTANT CONTEST(S) MANAGER, PIAA DISTRICT XI-ASSIGNED CONTEST OFFICIALS, INDIVIDUALS OR ENTITIES, AND REQUEST FOR MEMBER SCHOOL REIMBURSEMENT, IN ORDER FOR PAYMENT TO BE PROCESSED.

PLEASE USE BLACK INK AND PRINT CLEARLY OR TYPE.