



**CARTERET COUNTY SCHOOLS  
ADMISSIONS REPORT  
TICKET AND CASH RECONCILIATION**

Form PA - 1

EVENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

GATE # \_\_\_\_\_ SCHOOL \_\_\_\_\_

Ticket Color	Beginning Ticket #	Ending Ticket #	# of Tickets Sold	Cost per Ticket	Cash Called For
_____	_____	_____	X	_____	= _____
_____	_____	_____	X	_____	= _____
_____	_____	_____	X	_____	= _____
_____	_____	_____	X	_____	= _____
Total Cash Called For					_____

Amount	Check #
Received By	

Total Cash Counted \_\_\_\_\_

← Less Change Received - \_\_\_\_\_

Total Cash Collected = \_\_\_\_\_

Difference Between Cash Called for and Cash Collected \*\* \_\_\_\_\_

\*\* Reason For Difference \_\_\_\_\_

The above information is correct to the best of my ability and belief.

\_\_\_\_\_  
Signature of Cash Collector and Counter

\_\_\_\_\_  
Signature of Event Sponsor

\_\_\_\_\_  
Signature of Cash Collector and Counter

\_\_\_\_\_  
Signature of Official Responsible for Entering Information on Ticket Log

**CARTERET COUNTY SCHOOLS  
CONCESSION STAND REPORT  
CASH RECONCILIATION**

Form PA - 2

EVENT NAME \_\_\_\_\_

DATE \_\_\_\_\_

CONCESSION # \_\_\_\_\_

SCHOOL \_\_\_\_\_

Amount	Check #
Received By	

Total Cash Counted			_____
← Less Change Received	-		_____
Total Cash Collected	=		=====

The above information is correct to the best of my ability and belief.

\_\_\_\_\_  
Signature of Cash Collector and Counter

\_\_\_\_\_  
Signature of Cash Collector and Counter



**CARTERET COUNTY SCHOOLS  
DISBURSEMENT FORM**

Form PA - 5

**(For use when supporting documentation is not available)**

Date Requested \_\_\_\_\_

Pay To \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Amount \$ \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested By \_\_\_\_\_

Approved By \_\_\_\_\_

Account Code \_\_\_\_\_

Date Paid \_\_\_\_\_

Check # \_\_\_\_\_

**CARTERET COUNTY SCHOOLS**

Form PA -6

**TRANSFER SLIP**

Date Requested \_\_\_\_\_

Amount of Transfer \$ \_\_\_\_\_

Transfer from Account Code \_\_\_\_\_

Transfer to Account Code \_\_\_\_\_

Reason for Transfer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested By \_\_\_\_\_

Approved By \_\_\_\_\_

**CARTERET COUNTY SCHOOLS  
REQUEST FROM SCHOOL FOR SALARY PAYMENT**

Form PA - 7

SCHOOL \_\_\_\_\_

PAYEE'S NAME \_\_\_\_\_

PAYEE'S SS# \_\_\_\_\_

Amount of gross salary to be paid \_\_\_\_\_

Add matching social security @ 7.65% \_\_\_\_\_ - Gross salary X .0765

Add matching retirement @ 10.51% \*\*\* \_\_\_\_\_ - Gross salary X .1051 \*\*\*

Total amount of check attached \_\_\_\_\_  
\_\_\_\_\_

\*\*\* Compute only if payee is currently enrolled in retirement system

Reason for payment request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved by \_\_\_\_\_

Principal

\_\_\_\_\_

Date

**CARTERET COUNTY SCHOOLS**  
**REQUEST FOR PAYMENT OR REIMBURSEMENT**

Please make check payable to: \_\_\_\_\_

Vendor number: \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of check: \$ \_\_\_\_\_

Please pay from account number: \_\_\_\_\_

Principal/Director signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE ATTACH SUPPORTING DOCUMENTATION AND SUBMIT TO FINANCE DEPARTMENT.

THIS INSTRUMENT HAS BEEN PRE-AUDITED IN THE MANNER REQUIRED BY THE SCHOOL BUDGET AND FISCAL CONTROL ACT
FINANCE OFFICER

**FOR FINANCE DEPARTMENT USE ONLY**

<b>PAID</b>	
COMPLETE: _____	PO#: _____
V#: _____	INV#: _____
AMT: _____	DESC: _____
CODE: _____	
CK#: _____	DATE: _____

**CARTERET COUNTY SCHOOLS**  
**REQUEST FOR REGISTRATION FEE(S) PAYMENT**

Please make check payable to: \_\_\_\_\_

Vendor number: \_\_\_\_\_ Date this form was submitted: \_\_\_\_\_

Title of conference: \_\_\_\_\_

Location of conference: \_\_\_\_\_

Date of conference: \_\_\_\_\_

Amount of check: \$ \_\_\_\_\_

Please pay from account number: \_\_\_\_\_

Name(s) of people attending conference:


Principal/Director signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH COMPLETED REGISTRATION FORMS AND ADDRESSED ENVELOPE, IF ADDRESS IS DIFFERENT FROM PAYEE AND SUBMIT TO FINANCE DEPARTMENT AT LEAST TWO WEEKS PRIOR TO DUE DATE**

THIS INSTRUMENT HAS BEEN PRE-AUDITED IN THE MANNER REQUIRED BY THE SCHOOL BUDGET AND FISCAL CONTROL ACT
FINANCE OFFICER

**FOR FINANCE DEPARTMENT USE ONLY**

<b>PAID</b>	
COMPLETE: _____	PO#: _____
V#: _____	INV#: _____
AMT: _____	DESC: _____
CODE: _____	
CK#: _____	DATE: _____