



**RECORDED COUNT OF COLLECTIONS
USED FOR CONCESSIONS**

School _____

SSO Name _____ Sponsor _____

Activity Concessions

Date of Activity _____

Purpose _____

Amount collected from concessions _____

I have counted the money collected for this activity and the amount shown above is the correct amount.

Counted by: _____ Date: _____

Counted by: _____ Date: _____

Turn in to school once a week.