



# FOOTBALL PLAYOFF AND CHAMPIONSHIP FINANCIAL REPORT



Classification: AA A B C  
Circle One

First Round Quarter Final Semi-Final Championship  
Circle One

Host Team: \_\_\_\_\_ vs. Visiting Team: \_\_\_\_\_

### RECEIPTS

No. of Tickets	Type of Ticket	Amount Each Ticket	Total Per Ticket Amount	Total Gross Receipts
	Tickets			
	Tickets			
	Tickets			
	Tickets			
<b>Net Receipts:</b>				<b>\$</b>

### EXPENDITURES

#### A. Official / City

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL OFFICIALS' FEE & EXPENSES:** \$ \_\_\_\_\_

#### B. Visiting Team's Expenses (Mileage & Per Diem\*)

Which night(s) team stayed overnight \_\_\_\_\_

\_\_\_\_\_ Round trip mileage @ \$2.50 \$ \_\_\_\_\_

\_\_\_\_\_ Persons @ \$30.00 per day \$ \_\_\_\_\_

\_\_\_\_\_ Persons @ \$15.00 per day \$ \_\_\_\_\_

**TOTAL VISITING TEAM'S EXPENSES:** \$ \_\_\_\_\_

\*Per MHSAA Handbook / One day allowed @ \$30.00 per day when team stays overnight, or one day allowed @ \$15.00 per day when they do not stay overnight. (If both schools are from the same city, no per diem is paid either school).

If the visiting team must travel more than 200 miles one way to the game site and stays overnight two nights, they will be allowed an additional day per diem @ \$30.00 for the persons specified. If they do not stay overnight the second night, they will be allowed one additional day at \$15.00 for the persons specified. In Classes AA and A if the visiting team must travel more than 400 miles one way to the game site and stays overnight three nights, they will be allowed two additional days per diem @ \$30.00 for the persons specified. If the visiting team does not bring along the maximum number allowed, they will be paid for the number of persons accordingly. No per diem is allowed for the day following the game – e.g. Sunday in most cases.

**C. Local Administrative Expenses (Itemize fully)**

Expenses are normally for the following: tickets, advertising, signs, ticket personnel, policy, parking attendants & timer. Reasonable local expenses may be charged against the game. The host school is expected to furnish the football field properly marked, equipped, and in the best possible playing condition for the game at no charge to the game. However, because of snow removal conditions that require extra time and expense for field preparation, the host school may claim expenses up to a maximum of \$500 for field preparation. Schools will be required to itemize all charges. These itemizations and amounts charged are subject to review and approval.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b><u>TOTAL ADMINISTRATIVE EXPENSES</u></b>	<b>\$ _____</b>

**D. IF THE GAME REALIZED A PROFIT, SUMMARIZE IN THE FOLLOWING MANNER:**

Receipts	\$ _____
Total Expenditures (Items A, B & C)	- _____
<b><u>TOTAL PROFIT</u></b>	<b>\$ _____</b>

Any remaining profits after total expenses have been satisfied will be sent to the MHSA. This money will be held until all playoff games have been completed. All profits from the playoffs and state championships will then be divided equally among the schools participating in the football program in that particular classification.

**E. IF THE GAME REALIZED A LOSS, SUMMARIZE IN THE FOLLOWING MANNER:**

Total Expenditures (Items A, B & C)	\$ _____
Receipts	- _____
<b><u>TOTAL LOSS</u></b>	<b>(\$ _____)</b>

If the game receipts are insufficient to pay expenses listed in Items A through C above, charges for the local expenses in Item C shall not be allowed and then the remaining loss shall be shared 60% by the host school and 40% by the visiting school.

Net Loss to be determined in the following manner:

Total Loss	\$ _____
Less Administrative Expenses (Item C)	- _____
<b><u>NET LOSS</u></b>	<b>(\$ _____)</b>
Host School (60% of net loss)	\$ _____
Visiting School (40% of net loss)	\$ _____

**F. ACTUAL AMOUNT OF CHECK TO VISITING SCHOOL** \$ \_\_\_\_\_  
(Amount visiting school should have received less their 40% share of loss)

Date \_\_\_\_\_ Telephone No. \_\_\_\_\_ Signature of Preparer \_\_\_\_\_

Please return completed form and one playoff program with fifteen (15) days to the MHSA office at 1 South Dakota, Helena, MT 59601