

# BOX OFFICE RECEIPT

Concert & Theater Expense Record

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Venue/Theater: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Receipt No: \_\_\_\_\_

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

Time: \_\_\_\_\_

EVENT DESCRIPTION / SHOW NAME	SECTION / ROW	SEAT NO.	QTY	PRICE PER TICKET

Subtotal: \_\_\_\_\_

Booking/Service Fee: \_\_\_\_\_

Facility Fee: \_\_\_\_\_

Tax: \_\_\_\_\_

Total Paid: \_\_\_\_\_

Method of Payment:     Cash     Credit Card     Debit Card     Mobile Pay

\_\_\_\_\_  
Cashier/Agent Signature

\_\_\_\_\_  
Customer Signature  
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Thank you for your patronage. Please retain this receipt for your expense reports.

All ticket sales are final. No refunds or exchanges.