



Bingo Financial Report

Ongoing and Limited Series License Reporting Periods					Licenced Organization Information		
Please indicate your reporting period as noted in your licence letter					Licence #		
<input type="radio"/> Quarterly**		<input type="radio"/> Monthly		<input type="radio"/> Limited Series/Single Event			Organization Information:
What Quarter are you reporting? _____ to _____ 20____		What Month are you reporting? _____ 20____		Please refer to your licence for the reporting period _____ to _____ 20____			Name:
							Address:
DATE	ATTEN-DANCE	GROSS REVENUE A	CASH PRIZES B	CASH EXPENSES C	CALCULATED DEPOSIT (A-B-C) = D	ACTUAL DEPOSIT E	CASH (OVER) SHORT F
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
Grand Totals		G	H	I	J	K	\$
		\$	\$	\$	\$	\$	\$
Please make your licence fee cheque payable to the LGA		x 1.5%		<i>Apply for the Excel version or print more blank copies of this report at www.LGManitoba.ca.</i>			

**Quarterly Periods are: April to June/July to September/October to December/January to March

BINGO PAPER INVENTORY

All bingo paper must be physically counted and recorded at the end of each reporting period.

Date paper was counted:		Amount of Bingo Float \$	
PRODUCT CODE	DESCRIPTION	AMOUNT ON HAND (BOOKS/SHEETS)	SELLING PRICE PER BOOK /SHEET

Accumulator Prize Values (Please list all games that accumulate)

NAME OF GAME	VALUE AT END OF QUARTER	NUMBERS CALLED (OR LESS) TO WIN
TOTAL VALUE	\$	



Breakopen

Financial Report

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<input type="radio"/> Quarterly** What Quarter are you reporting? _____ to _____ 20__		<input type="radio"/> Monthly What Month are you reporting? _____ 20__	<input type="radio"/> Limited Series/Single Event Please refer to your licence for the reporting period _____ to _____ 20__	Organization Information: Name: _____ Address: _____		
DATE	GROSS REVENUE A	CASH PRIZES B	CASH EXPENSES C	CALCULATED DEPOSIT (A-B-C) = D	ACTUAL DEPOSIT E	CASH (OVER) SHORT F
1						
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12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
Grand Totals	G \$	H \$	I \$	J \$	K \$	\$

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LOTTERY ACCOUNT CHEQUE REGISTER

Enter all cheques issued and pre-authorized payments made during this reporting period.

DATE	CK#	PAYEE	DESCRIPTION (PURPOSE)	USE OF PROFIT DISBURSEMENTS	BINGO PRIZES PAID BY CHEQUE	BREAKOPEN PRIZES PAID BY CHEQUE	BREAKOPEN EXPENSES		BINGO EXPENSES					
							BREAKOPEN TICKETS	BREAKOPEN WAGES	BINGO PAPER & LICENSE FEES	LOTTERY ADVERTISING	RENT	BINGO WAGES	OTHER BINGO EXPENSES	
Grand Totals:				M	L	L								
				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
								TOTAL BREAKOPEN EXPENSES BY CHEQUE		TOTAL BINGO EXPENSES BY CHEQUE				
								\$ -		\$ -				

Grand totals must be provided for all columns

BREAKOPEN TICKET INVENTORY

DATE OF INVENTORY COUNT:

PRODUCT CODE	GAME	SERIAL #S	AMOUNT OF TICKETS ON HAND

AMOUNT OF BREAKOPEN FLOAT _____

LOTTERY BANK ACCOUNT INFORMATION:

BANK NAME: _____

BANK ADDRESS: _____

ACCOUNT # _____

 CHEQUING SAVINGS INVESTMENT

ACTUAL BALANCE ON BANK STATEMENT (AT THE END OF THIS REPORTING PERIOD)

	_____	_____	_____	
	CHEQUING	SAVINGS	INVESTMENT	
ADD OUTSTANDING DEPOSITS:	<div style="border: 1px solid black; background-color: #e0e0e0; padding: 2px;">Event Date</div>	<div style="border: 1px solid black; background-color: #e0e0e0; padding: 2px;">Deposit Amount</div>		
	_____	_____		
	_____	_____		
	_____	_____		+ \$ _____

SUBTRACT OUTSTANDING CHEQUES:	Cheque #	Amount	Cheque #	Amount
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
				- \$(_____)

ACTUAL ADJUSTED BANK BALANCE:
O
 = \$ _____

NOTE: COPIES OF BANK STATEMENTS FOR THE REPORTING PERIOD MUST BE PROVIDED WITH THIS REPORT.

BANK SUMMARY STATEMENT	BINGO	BREAKOPEN	TOTAL
1. OPENING LOTTERY BANK BALANCE AT _____ (LINE 9 FROM LAST REPORT) OPENING DATE			1. _____
2. REVENUE: (Box G, Page1)	_____	+ _____	2. _____
3. PRIZES:			
CASH (Box H, page 1)	_____	_____	
CHEQUE (Box L, page 2)	_____	_____	
TOTAL PRIZES	_____	+ _____	3. _____
4. EXPENSES:			
CASH (Box I, page 1)	<u>DESCRIPTION</u> _____ WAGES _____	<u>AMOUNT</u> _____	
CHEQUE (Box N, page 2)	_____	_____	
TOTAL EXPENSES	_____	+ _____	4. _____
5. DISBURSEMENTS: (Box M, page 2)			5. _____
6. OTHER WITHDRAWALS:	<u>DESCRIPTION</u> _____ BANK CHARGES _____	<u>AMOUNT</u> _____	6. _____
7. OTHER RECEIPTS:	_____ INTEREST _____	_____	7. _____
8. CALCULATED ENDING BANK BALANCE (Lines 1 + 2 - 3 - 4 - 5 - 6 + 7)			8. _____
9. ACTUAL ADJUSTED BANK BALANCE (Box O, page 3)			9. _____
10. (OVERAGE)/SHORTAGE (LINE 8 - 9)			10. _____

CERTIFICATION

WE, the undersigned, have examined the records and accounts of

(NAME OF ORGANIZATION)

with respect to the above described lottery, the information contained herein accurately reflects the organization's records which are correct to the best of our knowledge and belief.

DATED THIS _____ DAY OF _____ 20____

SIGNATURES OF THE PRESIDENT AND ONE PRINCIPAL OFFICER ARE REQUIRED ON THIS FORM

	SIGNATURE	
	PRINT NAME	
PRESIDENT	OFFICE HELD	
	ADDRESS	
	POSTAL CODE	
BUS: _____ RES: _____	TELEPHONE _____	BUS: _____ RES: _____
EMAIL: _____		EMAIL: _____
NAME (PRINT) _____	# _____	EMAIL: _____

PLEASE ENTER THE NAME, DAYTIME TELEPHONE NUMBER AND EMAIL OF THE PERSON COMPLETING THIS REPORT.

Contact us at: LGA Manitoba	Phone: 204-954-9400
800-215 Garry Street	Toll Free: 1-800-782-0363
Winnipeg, Manitoba R3C 3P3	Fax: 204-954-9450
	Email: Audit@lgamanitoba.ca