



Breakopen Financial Report

Ongoing and Limited Series Licence Reporting Periods				Licenced Organization Information		
Please indicate your reporting period as noted in your licence letter				Licence #		
<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						
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 \$	\$

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

BANK SUMMARY STATEMENT

BREAKOPEN

1. OPENING LOTTERY BANK BALANCE AT THE BEGINNING OF THIS PERIOD: (LINE 9 FROM LAST REPORT)			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>	<u>AMOUNT</u>		_____
	_____	_____		_____
	_____	_____		_____
EXPENSES: CHEQUE (Box N, page 2)				+ _____

	TOTAL EXPENSES		4.	= _____
5. DISBURSEMENTS: (Box M, page 2)			5.	_____
	<u>DESCRIPTION</u>	<u>AMOUNT</u>		_____
6. OTHER WITHDRAWALS:	<u>BANK CHARGES</u>	_____		_____
	_____	_____		= _____
	_____	_____	6.	_____
7. OTHER RECEIPTS:	<u>INTEREST</u>	_____		_____
	_____	_____		= _____
	_____	_____	7.	_____
8. CALCULATED ENDING BANK BALANCE	(Lines 1 + 2 - 3 - 4 - 5 - 6 + 7)		8.	_____
9. ACTUAL ADJUSTED BANK BALANCE	(Box M, page 3)		9.	_____
10. SHORTAGE/(OVERAGE) (LINE 9 - 8)			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*
800-215 Garry Street
Winnipeg, Manitoba R3C 3P3

Phone: 204-954-9400
Toll Free: 1-800-782-0363
Fax: 204-954-9450
Email: Audit@lgamanitoba.ca