



Media Bingo Financial

Ongoing and Limited Series Licence Reporting Periods					Licensed 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 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%		Apply for the Excel version or print more blank copies of this report at www.lgamanitoba.ca .			

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

BANK SUMMARY STATEMENT

1. OPENING LOTTERY BANK BALANCE AT THE BEGINNING OF THIS PERIOD:		1. \$ _____
(LINE 9 FROM THE LAST REPORT FILED)		
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>
	WAGES	_____
	_____	_____
EXPENSES: CHEQUE (Box N, page 2)		+
	TOTAL EXPENSES	= _____
		4. \$(_____)
5. USE OF PROFIT/DISBURSEMENTS: (Box M, page 2)		5. \$(_____)
	<u>DESCRIPTION</u>	<u>AMOUNT</u>
6. OTHER WITHDRAWALS:	BANK CHARGES	_____
	_____	_____
		= _____
7. OTHER RECEIPTS:	INTEREST	_____
	_____	_____
		= _____
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. (SHORTAGE)/OVERAGE (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: _____	TELEPHONE	BUS: _____
RES: _____		RES: _____
EMAIL: _____		EMAIL: _____

NAME (PRINT) _____ # _____ EMAIL: _____

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

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