



# 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"/> <b>Quarterly**</b> What Quarter are you reporting? _____ to _____ _____ 20____		<input type="radio"/> <b>Monthly</b> What Month are you reporting? _____ 20____	<input type="radio"/> <b>Limited Series/Single Event</b> Please refer to your licence for the reporting period _____ to _____ _____ 20____		Organization Name & Address		
DATE	DATE OF DEPOSITS	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							
<b>Grand Totals</b>		<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	
		\$	\$	\$	\$	\$	\$
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 <a href="http://www.lgamanitoba.ca">www.lgamanitoba.ca</a> .				

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

**LOTTERY ACCOUNT CHEQUE REGISTER**

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

DATE	CK#	PAYEE (PAID TO)	DESCRIPTION (PURPOSE)	BINGO EXPENSES							
				BINGO PRIZES PAID BY CHEQUE	USE OF PROFIT (DISBURSEMENTS)	BINGO PAPER	LICENSE FEES	ADVERTISING	BROADCAST AIR TIME	BINGO WAGES	OTHER BINGO EXPENSES
<b>Grand Totals*</b>				L \$	M \$	\$	\$	\$	\$	\$	\$

**TOTAL BINGO EXPENSES PAID BY CHEQUE**  
\$ N

\*Grand totals must be provided for all columns

**BINGO PAPER INVENTORY**

**ACCUMULATOR PRIZE VALUES**  
(Please list all accumulating games)

PRODUCT CODE	DESCRIPTION	QUANTITY ON HAND	SELLING PRICE
DATE PAPER WAS COUNTED:		BINGO FLOAT \$	

GAME NAME	VALUE AT END OF QUARTER	# OF BALLS CALLED
<b>GRAND TOTAL:</b>		<b>\$</b>

**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

**PLUS OUTSTANDING DEPOSITS:**

EVENT DATE	AMOUNT	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
		+ \$ _____

**LESS OUTSTANDING CHEQUES:**

_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
		- \$( _____ )

**ACTUAL ADJUSTED BANK BALANCE:** \_\_\_\_\_ = \$ \_\_\_\_\_

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

**BANK SUMMARY STATEMENT**

<b>1. OPENING LOTTERY BANK BALANCE AT THE BEGINNING OF THIS PERIOD:</b>		<b>1. \$</b>	
	<small>(LINE 9 FROM THE LAST REPORT FILED)</small>		
<b>2. REVENUE: (Box G, Page1)</b>		<b>2. \$</b>	
<b>3. PRIZES:</b>	CASH (Box H, page 1)	_____	
	CHEQUE (Box L, page 2)	+ _____	
	<b>TOTAL PRIZES</b>	= _____	<b>3. \$( _____ )</b>
<b>4. EXPENSES: CASH (Box I, page 1)</b>	<u>DESCRIPTION</u>	<u>AMOUNT</u>	
	WAGES	_____	
	_____	_____	
<b>EXPENSES: CHEQUE (Box N, page 2)</b>		+ _____	
	<b>TOTAL EXPENSES</b>	= _____	<b>4. \$( _____ )</b>
<b>5. USE OF PROFIT/DISBURSEMENTS: (Box M, page 2)</b>			<b>5. \$( _____ )</b>
	<u>DESCRIPTION</u>	<u>AMOUNT</u>	
<b>6. OTHER WITHDRAWALS:</b>	BANK CHARGES	_____	
	_____	_____	<b>6. \$( _____ )</b>
<b>7. OTHER RECEIPTS:</b>	INTEREST	_____	
	_____	_____	<b>7. \$ _____</b>
<b>8. CALCULATED ENDING BANK BALANCE</b>	<small>(Lines 1 + 2 - 3 - 4 - 5 - 6 + 7)</small>		<b>8. \$ _____</b>
<b>9. ACTUAL ADJUSTED BANK BALANCE (Box O, page 3)</b>			<b>9. \$ _____</b>
<b>10. (SHORTAGE)/OVERAGE (LINE 8 - 9)</b>			<b>10. \$ _____</b>

**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><b>Contact us at:</b> <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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