

# Raffle Financial Report

## Ongoing and Limited Series Licence Reporting Periods

## What Type of Raffle are you Reporting?

Please indicate your reporting period below

<input type="radio"/> <b>Quarterly</b>	<input type="radio"/> <b>Monthly</b>	<input type="radio"/> <b>Limited Series/Single Event</b>
What Quarter are you reporting? _____ to _____ 20	What Month are you reporting? _____	Please refer to your licence for the reporting period _____ to _____ 20

- Share the Wealth - 50/50 Raffle
- Meat Draw
- Chase the Card (Ace, Queen)

**Please read Step 3 of the instruction guide if you are reporting more than 1 type of Raffle on this page**

# OF EVENTS & DATE	GROSS REVENUE A	CASH PRIZES B	CASH EXPENSES C	CALCULATED DEPOSIT (A-B-C) = D	ACTUAL DEPOSIT E	(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>			

Please make your cheque payable to the LGCA x 1.0%

# LOTTERY ACCOUNT CHEQUE REGISTER

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

						RAFFLE EXPENSES					
DATE	CK#	PAYEE (PAID TO)	DESCRIPTION (PURPOSE)	RAFFLE PRIZES PAID BY CHEQUE	USE OF PROFIT DISBURSEMENTS	RAFFLE TICKET PRINTING	WAGES	ADVERTISING	LICENCE FEE	SELLERS PRIZES	OTHER RAFFLE EXPENSES
<b>Grand Totals*</b>				\$	\$	\$	\$	\$	\$	\$	\$
											\$

\*Grand totals must be provided for all columns

TOTAL RAFFLE EXPENSES

**TICKET INFORMATION AND ACCUMULATING PRIZES**

*Please ensure that the Raffle Sales Event Sheets are retained in case we ask you to submit them.*

**If you have printed Raffle Tickets for this licence, you must attach:**

- 1) A copy of the Printer's Invoice
- 2) Raffle Ticket Sample

**If double roll tickets were approved for this licence, please check this box:**

**Accumulating Prize Values (List all raffles that accumulate and their prize amounts at the end of the period)**

Raffle Name	Prize Value	# of draws or cards remaining

**LOTTERY BANK ACCOUNT INFORMATION:**

**BANK NAME:** \_\_\_\_\_

**BANK ADDRESS:** \_\_\_\_\_

**ACCOUNT NUMBER** # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
CHEQUING SAVINGS INVESTMENT

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

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
CHEQUING SAVINGS INVESTMENT

**PLUS OUTSTANDING DEPOSITS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ + \$ \_\_\_\_\_

**LESS OUTSTANDING CHEQUES:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ - \$ \_\_\_\_\_

**ACTUAL ADJUSTED BANK BALANCE:**

= 0  
 \$ \_\_\_\_\_

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

**BANK SUMMARY STATEMENT**

<b>1. OPENING LOTTERY BANK BALANCE AT THE BEGINNING OF THIS PERIOD:</b>		<b>1.</b> _____
(LINE 9 FROM LAST REPORT)		
<b>2. REVENUE:</b> (Box G, Page1)		<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:</b> CASH (Box I, page 1)	<u>DESCRIPTION</u>	<u>AMOUNT</u>
	_____	_____
	_____	_____
<b>EXPENSES:</b> CHEQUE (Box N, page 2)		+
		_____
		_____
	<b>TOTAL EXPENSES</b>	= <b>4.</b> _____
<b>5. DISBURSEMENTS:</b> (Box M, page 2)		<b>5.</b> _____
	<u>DESCRIPTION</u>	<u>AMOUNT</u>
<b>6. OTHER WITHDRAWALS:</b>	BANK CHARGES	_____
		= _____
<b>7. OTHER RECEIPTS:</b>	INTEREST	_____
		= _____
<b>8. CALCULATED ENDING BANK BALANCE</b>	(Lines 1 + 2 - 3 - 4 - 5 - 6 + 7)	<b>8.</b> _____
<b>9. ACTUAL ADJUSTED BANK BALANCE</b> (Box M, page 3)		<b>9.</b> _____
<b>10. SHORTAGE/(OVERAGE) (LINE 9 - 8)</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 reflect 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	
	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> <b>LGCA Manitoba</b>  <b>1055 Milt Stegall Drive</b>  <b>Winnipeg, Manitoba R3G 0Z6</b></p>	<p><b>Phone: 204-927-5300</b>  <b>Toll Free: 1-800-782-0363</b>  <b>Fax: 204-927-5385</b>  <b>Email: audit@LGCamb.ca</b></p>
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