



Breakopen Financial Report

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**		<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	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 \$	\$

Apply for the Excel version or print more blank copies of this report at www.LGCAMB.ca.

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

LOTTERY ACCOUNT CHEQUE & PRE-AUTHORIZED PAYMENT REGISTER

Enter all cheques and pre-authorized payments recorded 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 & LICENCE FEES	LOTTERY ADVERTISING	RENT	BINGO WAGES	OTHER BINGO EXPENSES		
Grand Totals:				M	L	L									
				\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
								N						N	
								TOTAL BREAKOPEN EXPENSES BY CHEQUE		TOTAL BINGO EXPENSES BY CHEQUE					
								\$						-	

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:

	Event Date	Deposit Amount	
	<hr/>	<hr/>	
	<hr/>	<hr/>	
	<hr/>	<hr/>	
	<hr/>	<hr/>	+ \$ _____

SUBTRACT OUTSTANDING CHEQUES

	Cheque #	Amount	
	<hr/>	<hr/>	
	<hr/>	<hr/>	
	<hr/>	<hr/>	
	<hr/>	<hr/>	- \$(_____)

ACTUAL ADJUSTED BANK BALANCE:

= 0 \$ _____

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 THE BEGINNING OF THIS PERIOD: (LINE 9 FROM LAST REPORT)			1. \$
2. REVENUE: (Box G, Page1)	_____	+	_____
3. PRIZES: CASH (Box H, page 1)	_____		
CHEQUE (Box L, page 2)	_____		
TOTAL PRIZES	_____	+	_____
			3. \$()
4. EXPENSES:	<u>DESCRIPTION</u>		<u>AMOUNT</u>
CASH (Box I, page 1)	<u>WAGES</u>		_____
	_____		_____
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:	<u>BANK CHARGES</u>		_____
	_____		_____
	_____		_____
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 O, page 3)			9. \$
10. (OVERAGE)/SHORTAGE (LINE 9 - 8)			10. \$

Please ensure that all yellow highlighted Grand Total boxes are completed. Any attachments provided in lieu of recording information on this report, must be complete and the Grand Totals placed in the applicable boxes.

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 _____
EMAIL: _____		BUS: _____ RES: _____
		EMAIL: _____

NAME (PRINT) _____ # _____ EMAIL: _____

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

Reminder: All licensees are required to submit a Licence Amendment Form to the Liquor, Gaming and Cannabis Authority of Manitoba to request approval for any changes to their licensed event or to advise of changes to their organization information.