

Media Bingo 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** 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	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							
Grand Totals		G	H	I	J	K	\$
Please make your licence fee cheque payable to the LGCA		x 1.0%		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 REGISTER

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

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

*Grand totals must be provided for all columns

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	_____	
	_____	_____	
		=	_____
		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. (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: _____	RES: _____	TELEPHONE _____
EMAIL: _____		BUS: _____ RES: _____
		EMAIL: _____

NAME (PRINT) _____ # _____ EMAIL: _____

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

<p>Contact us at: <i>LGCA Manitoba</i> <i>1055 Milt Stegall Drive</i> <i>Winnipeg, Manitoba R3G 0Z6</i></p>	<p><i>Phone: 204-927-5300</i> <i>Toll-free: 1-800-782-0363</i> <i>Fax: 204-927-5385</i> <i>Email: audit@LGCamb.ca</i></p>
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