



FIRST NATION VLT SITEHOLDER REPORT

Site I.D. # _____

of VLT's Onsite _____

PLEASE PRINT

Name of First Nation: _____

VLT Site Name: _____

VLT Site Address: _____

Report for the Period Ending _____

Total VLT Dollars In: 1. \$ _____

Total VLT Prizes Paid: 2. \$ _____

VLT Site Operating Expenses:

Payments to MB Liquor & Lotteries	\$ _____
VLT Accounting/Audit Fees	\$ _____
VLT Janitorial	\$ _____
VLT Repairs and Maintenance	\$ _____
VLT Staff Wages and Benefits	\$ _____
VLT Staff Training	\$ _____
VLT Security Services	\$ _____
VLT Office Equipment and Supplies	\$ _____
VLT Staff Cellular/Telephone	\$ _____
VLT Travel	\$ _____
Insurance	\$ _____
Advertising	\$ _____
Promotions	\$ _____
Bank Charges	\$ _____
Cash Short/(Over)	\$ _____
Other (specify) _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total VLT Site Operating Expenses: 3. \$ _____

Net Other Receipts or (Withdrawals) 4. \$ _____
From the schedule on page 4

VLT Profits (1 - 2 - 3 + or - 4): 5. \$ _____

Profits Remaining from Previous Period: 6. \$ _____
Reconciled bank balance from the last report filed (line 10)

Total Profits Available: 7. \$ _____

THIS REPORT MUST BE PUBLISHED AND MADE AVAILABLE TO THE COMMUNITY

First Nation VLT Siteholder Report

TOTAL VLT PROFITS AVAILABLE
(Line 7 carried forward)

8. \$ _____

DETAILED USE OF VLT PROFITS

NAME OF PROGRAM	PROGRAM DESCRIPTION	
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL VLT PROFITS SPENT: 9. \$ _____

VLT PROFITS REMAINING FOR FUTURE DISTRIBUTION (Line 9 - 8) 10. \$ _____

CERTIFICATION (Chief / Councillor Responsible for Gaming / Finance)

I have examined the records and accounts of _____
 First Nation VLT Site and certify that the information contained herein is correct to the best of my knowledge and belief.

DATED THIS _____ day of _____ 20_____

Signature	
Name (Please Print)	
Office Held	

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Period End VLT Bank Reconciliation and General Information

Bank Information

All Bank and Investment accounts must be shown here.

Name of Financial Institution(s): _____

Account #'s _____

Actual balance on bank statement(s) at the end of the period:

_____ +	_____ +	_____ =	11	\$	_____
Chequing	Savings	Investment			
	Add: Total Outstanding Deposits:		12		_____
	Less: Total Outstanding Cheques:		13		_____
	Actual Adjusted Bank Balance:	(Line 11 + 12 - 13)	14	\$	_____

The amount on Line 14 of this reconciliation must match the amount of Profit Remaining on Line 10. Copies of the bank and investment statements and details supporting the outstanding items must be submitted with this report.

Schedule of Other Receipts or Withdrawals

Items such as Interest and ATM Commissions earned during the period are recorded here.

Receipts:		Withdrawals:	
Amount and explanation		Amount and explanation	
\$ _____	_____	\$ _____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
\$ _____	Total Other Receipts	\$ _____	Total Other Withdrawals

Subtract Total **Withdrawals** from Total **Receipts**. Record the **Net Amount** on Line 4, Page 1 \$ _____

If additional space is required, please attach a separate schedule to this report

General VLT Site Information:

Name of Site Manager: _____ Phone / email: _____

Name of Finance Contact: _____ Phone / email: _____

Accounting software currently being used: _____

of full time VLT Staff: _____ # of part time VLT Staff: _____

Accounting Firm responsible for Year End Audit: _____

Contact Name: _____ Phone / E-mail: _____

Is there an ATM on this site? Yes / No If yes, are VLT funds used to fill the ATM? Yes / No

Total VLT Cash in the ATM at period end \$ _____ (recorded as an outstanding deposit in the bank reconciliation)

Total VLT Daily Operating Float: \$ _____

Name of the individual completing this report: _____

Phone / E-mail: _____

REMEMBER: When submitting this report, the following items must be attached: 1) ALL PAGES of the Bank and Investment Statements 2) A Detailed Listing of Outstanding Deposits and Cheques