



Bingo Financial Report

Ongoing and Limited Series License Reporting Periods					Licenced 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	ATTEN-DANCE	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 1.5%		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

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. \$ _____

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: _____	TELEPHONE	BUS: _____
RES: _____		RES: _____
EMAIL: _____		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 License 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.