



# Raffle Financial Report

Licence # \_\_\_\_\_

Ongoing and Limited Series License Reporting Periods				What Type of Raffle are you Reporting?		
Please indicate your reporting period below				Share the Wealth - 50/50 Raffle <input type="radio"/> Meat Draw <input type="radio"/> Chase the Card (Ace, Queen) <input type="radio"/> <b>Please read Step 3 of the instruction guide if you are reporting more than 1 type of Raffle on this page</b>		
<input type="radio"/> Quarterly	<input type="radio"/> Monthly	<input type="radio"/> Limited Series/Single Event				
What Quarter are you reporting? _____ to _____ 20__	What Month are you reporting? _____	Please refer to your licence for the reporting period _____ to _____ 20__				
# 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>			
<b>Please make your cheque payable to the LGCA</b>	<b>X 1.5%</b>					

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 LAST REPORT)

2. **REVENUE:** (Box G, Page1) 2. \_\_\_\_\_

3. **PRIZES:** CASH (Box H, page 1) \_\_\_\_\_  
 CHEQUE (Box L, page 2) \_\_\_\_\_  
 TOTAL PRIZES = \_\_\_\_\_ 3. \_\_\_\_\_

	<u>DESCRIPTION</u>	<u>AMOUNT</u>		
4. <b>EXPENSES:</b> CASH (Box I, page 1)	_____	_____		
<b>EXPENSES:</b> CHEQUE (Box N, page 2)			+	_____
		TOTAL EXPENSES	=	_____ 4. _____

5. **DISBURSEMENTS:** (Box M, page 2) 5. \_\_\_\_\_

	<u>DESCRIPTION</u>	<u>AMOUNT</u>		
6. OTHER WITHDRAWALS:	BANK CHARGES	_____	=	_____ 6. _____
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 M, page 3) 9. \_\_\_\_\_

10. **SHORTAGE/(OVERAGE) (LINE 9 - 8)** 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 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: _____	RES: _____	TELEPHONE _____
BUS: _____ RES: _____		EMAIL: _____

NAME (PRINT) \_\_\_\_\_ # \_\_\_\_\_ Email: \_\_\_\_\_

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

**Contact us at:** *LGCA of Manitoba*  
*1055 Milt Stegall Drive*  
*Winnipeg, Manitoba R3G 0Z6*

*Phone: 204-927-5300*  
*Toll Free: 1-800-782-0363*  
*Fax: 204-927-5385*  
*Email: audit@LGCamb.ca*