



Raffle Financial Report

Licence Valid From: _____
 To: (Final Draw Date): _____
 **This information is found on your licence.

Licence #: _____
 Org. Name: _____
 Address: _____

TICKETS PRINTED													
TICKETS UNSOLD													
TICKETS SOLD													
# OF TICKETS PER PRICE POINT***													
SELLING PRICE							TOTAL GROSS REVENUE						
TOTAL							G \$						
***Example: If you offered a price point of 3 tickets for \$5.00, then "3" is the # of tickets and "\$5.00" is the Selling Price. If you sold 1 ticket for \$2.00, the # of tickets is "1".		Total of all Raffle Revenue Deposits in the Lottery Account:						H \$					
							Difference: (Cash Short/Over):						\$
							License Fee (1.5% of Total Gross Revenue):						

This report is to be submitted to the LGA within 60 days of the final draw date. The license fee cheque should be made payable to "LGA Manitoba" and is due with the report.

NET PROFIT DISTRIBUTION:

As stated in the Raffle Terms and Conditions, profits must be disbursed within 60 days after the final draw date. If profits are not disbursed within this time frame, an additional follow up report is required and will be provided by the Audit Department.

If the above applies to your organization, please complete the following:

Anticipated date of full profit disbursement: _____

If your organization has applied for and received approval to retain the profits from this Raffle for a Building Fund, or other long term project, annual reports will be required until such time as the project is completed.

If the above applies to your organization, please complete the following:

Annual Raffle Report Submission Date: _____

BANK SUMMARY STATEMENT

1. OPENING LOTTERY BANK BALANCE AT THE BEGINNING OF THIS LICENCE:	1. \$ _____																
("LICENCE VALID FROM" DATE OR LINE 9 FROM LAST REPORT)																	
2. REVENUE: (Box G, Page1)	2. \$ _____																
3. TOTAL PRIZES: (Box L, Page 2)	3. \$(_____)																
4. TOTAL EXPENSES: (Box N, Page 2)	4. \$(_____)																
5. USE OF PROFIT/DISBURSEMENTS: (Box M, Page 2)	5. \$(_____)																
6. OTHER WITHDRAWALS:																	
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%; text-align: center; font-size: x-small;"><u>DESCRIPTION</u></td> <td style="width: 30%; text-align: center; font-size: x-small;"><u>AMOUNT</u></td> <td style="width: 10%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td>BANK CHARGES</td> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>=</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td></td> <td></td> </tr> </table>	<u>DESCRIPTION</u>	<u>AMOUNT</u>			BANK CHARGES	_____			_____	_____	=	_____	_____	_____			6. \$(_____)
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BANK CHARGES	_____																
_____	_____	=	_____														
_____	_____																
7. OTHER RECEIPTS:																	
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INTEREST	_____																
_____	_____	=	_____														
_____	_____																
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 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 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	
	OFFICE HELD	
	ADDRESS	
	POSTAL CODE	
BUS:	TELEPHONE	BUS: RES:
Email:		Email:

NAME (PRINT) _____ # _____ Email: _____
PLEASE ENTER THE NAME, DAYTIME TELEPHONE NUMBER AND EMAIL OF THE PERSON COMPLETING THIS REPORT.

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