

QUARTERLY REPORT FOR BINGO LOTTERY

License #

Which quarter are you reporting?

April to June
 July to Sept
 Oct to Dec
 Jan to Mar

2006

Org. Name:

Address:

Attach your identification label here.
If you do not have one, print your organization name and address below.

# OF EVENTS & DATE	ATTEN- DANCE	GROSS BINGO REVENUE	CASH PRIZES	EXPENSES	CALCULATED DEPOSIT	DEPOSIT	(OVER) SHORT
		A	B	C	(A-B-C) = D	E	F
1					0.00		\$0.00
2					0.00		\$0.00
3					0.00		\$0.00
4					0.00		\$0.00
5					0.00		\$0.00
6					0.00		\$0.00
7					0.00		\$0.00
8					0.00		\$0.00
9					0.00		\$0.00
10					0.00		\$0.00
11					0.00		\$0.00
12					0.00		\$0.00
13					0.00		\$0.00
14					0.00		\$0.00
15					0.00		\$0.00
16					0.00		\$0.00
17					0.00		\$0.00
18					0.00		\$0.00
19					0.00		\$0.00
20					0.00		\$0.00
21					0.00		\$0.00
22					0.00		\$0.00
23					0.00		\$0.00
24					0.00		\$0.00
Grand Totals	0	G	H	I	J	K	L
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
LICENSE FEE PAYABLE WITH THIS REPORT		X 1.5%		THIS REPORT MUST BE PROPERLY AND FULLY COMPLETED WITHIN 30 DAYS AFTER EACH QUARTER OF OPERATION.			
		0.00					



Manitoba Gaming Control Commission
 800 - 215 Garry Street
 Winnipeg, Manitoba R3C 3P3
 954-9400 1-800-782-0363 Fax: 954-9450

QUARTERLY REPORT FOR BREAKOPEN TICKET LOTTERY

License #

Which quarter are you reporting?

- April to June
- July to Sept
- Oct to Dec
- Jan to Mar

20____

Org. Name:

Address:

Attach your identification label here.
 If you do not have one, print your organization name and address below.

0

0

0

# OF EVENTS & DATE	GROSS BREAKOPEN REVENUE A	CASH PRIZES B	CASH EXPENSES C	CALCULATED DEPOSIT (A-B-C) = D	ACTUAL DEPOSIT E	(OVER) SHORT F
1				0.00		0.00
2				0.00		0.00
3				0.00		0.00
4				0.00		0.00
5				0.00		0.00
6				0.00		0.00
7				0.00		0.00
8				0.00		0.00
9				0.00		0.00
10				0.00		0.00
11				0.00		0.00
12				0.00		0.00
13				0.00		0.00
14				0.00		0.00
15				0.00		0.00
16				0.00		0.00
17				0.00		0.00
18				0.00		0.00
19				0.00		0.00
20				0.00		0.00
21				0.00		0.00
22				0.00		0.00
23				0.00		0.00
24				0.00		0.00
Grand Totals	G 0.00	H 0.00	I 0.00	J 0.00	K 0.00	0.00

**THIS REPORT MUST BE PROPERLY AND FULLY COMPLETED WITHIN 30 DAYS
 AFTER EACH QUARTER OF OPERATION.**

NOTE TO ALL LICENSEES: THE ITEMS TO BE RECORDED IN THE USE OF PROFIT COLUMN CAN BE FOUND ON YOUR "BINGO PROFITS AT WORK" FORM THAT IS POSTED AT THE BINGO HALL. IF YOU ARE UNSURE, PLEASE CALL US.

Grand Totals:

M	L	L								
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL BREAKOPEN EXPENSES BY CHEQUE				N						N
				\$ -						\$ -
				TOTAL BINGO EXPENSES BY CHEQUE						

BANK SUMMARY STATEMENT		BINGO	BREAKOPEN	TOTAL
1. OPENING LOTTERY BANK BALANCE AT _____ (LINE 9 FROM LAST REPORT)				1. _____
2. REVENUE: (Box G, Page1) <small>OPENING DATE</small>		\$ - +	\$ -	2. \$ -
3. PRIZES:	CASH (Box H, page 1)	\$ -	\$ -	
	CHEQUE (Box L, page 2)	\$ -	\$ -	
	TOTAL PRIZES	\$ - +	\$ -	3. _____
4. EXPENSES:	<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>AMOUNT</u>	
	CASH (Box I, page 1) <u>WAGES</u>	\$ -	\$ -	
	CHEQUE (Box N, page 2)	\$ -	\$ -	
	TOTAL EXPENSES	\$ - +	\$ -	4. \$ -
5. DISBURSEMENTS: (Box M, page 2)				5. \$ -
	6. OTHER WITHDRAWALS: <u>DESCRIPTION</u>	<u>AMOUNT</u>		
				6. _____
	7. OTHER RECEIPTS: <u>DESCRIPTION</u>	<u>AMOUNT</u>		
				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. (OVERAGE)/SHORTAGE (LINE 9 - 8)				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: _____	RES: _____	TELEPHONE _____
BUS: _____	RES: _____	EMAIL: _____
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 Manitoba Gaming Control Commission to request approval for any changes to their licensed event or to advise of changes to their organization information.