

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	_____
_____	_____
_____	_____
=	_____ 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 O, page 3)	9. \$
10. (SHORTAGE)/OVERAGE (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: _____	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 Manitoba Gaming Control Commission to request approval for any changes to their licensed event or to advise of changes to their organization information.