

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 M, 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 L, 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:	RES:	TELEPHONE	BUS: RES:

NAME (PRINT) _____ # _____
 PLEASE ENTER THE NAME AND DAYTIME TELEPHONE NUMBER OF THE PERSON COMPLETING THIS REPORT IF IT IS DIFFERENT FROM THOSE SHOWN ABOVE.

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.