



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

# QUARTERLY REPORT FOR BINGO LOTTERY

License #

Which quarter are you reporting?

- April to June, 20\_\_
- July to September, 20\_\_
- October to December, 20\_\_
- January to March, 20\_\_

Attach your identification label here.

If you do not have one, print your organization name and address below.

Org. Name: \_\_\_\_\_

Address: \_\_\_\_\_

# OF EVENTS & DATE	ATTEN-DANCE	GROSS BINGO REVENUE	CASH PRIZES	CASH EXPENSES	CALCULATED DEPOSIT	ACTUAL DEPOSIT	(OVER) SHORT
		A	B	C	(A-B-C) D	E	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							

<b>Grand Totals</b>		<b>G</b>		<b>H</b>		<b>I</b>		
			\$		\$		\$	\$
LICENSE FEE PAYABLE WITH THIS REPORT		X 1.5%		<b>This report is to be submitted to the MGCC 30 days after the period end. Apply for the electronic version or print more blank copies of this report at <a href="http://www.mgcc.mb.ca">www.mgcc.mb.ca</a>!</b>				
		\$						





**BANK SUMMARY STATEMENT**

<b>1. OPENING LOTTERY BANK BALANCE AT THE BEGINNING OF THIS PERIOD:</b>		1. \$ _____
(LINE 9 FROM LAST REPORT)		
<b>2. REVENUE: (Box G, Page1)</b>		2. _____
<b>3. PRIZES:</b>		
CASH (Box H, page 1)	_____	
CHEQUE (Box M, page 2)	+ _____	
<b>TOTAL PRIZES</b>	<b>= _____</b>	<b>3. \$( _____ )</b>
<b>4. EXPENSES: CASH (Box I, page 1)</b>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
	WAGES	_____
	_____	_____
<b>EXPENSES: CHEQUE (Box N, page 2)</b>		+ _____
	<b>TOTAL EXPENSES</b>	<b>= _____</b>
		<b>4. \$( _____ )</b>
<b>5. USE OF PROFIT/ DISBURSEMENTS: (Box L, page 2)</b>		<b>5. \$( _____ )</b>
	<u>DESCRIPTION</u>	<u>AMOUNT</u>
6. OTHER WITHDRAWALS:	BANK CHARGES	_____
	_____	_____
		= _____
7. OTHER RECEIPTS:	INTEREST	_____
	_____	_____
		= _____
		<b>7. \$ _____</b>
<b>8. CALCULATED ENDING BANK BALANCE</b>	(Lines 1 + 2 - 3 - 4 - 5 - 6 + 7)	<b>8. \$ _____</b>
<b>9. ACTUAL ADJUSTED BANK BALANCE (Box O, page 3)</b>		<b>9. \$ _____</b>
<b>10. SHORTAGE/(OVERAGE) (LINE 9 - 8)</b>		<b>10. \$ _____</b>

**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: _____	BUS: _____ 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.**