



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, 20__
- July to September, 20__
- October to December, 20__
- January to March, 20__

Org. Name:

Address:

Attach your identification label here.

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

# OF EVENTS & DATE	GROSS BREAKOPEN 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						
Grand Totals	G \$	H \$	I \$	J \$	K \$	L \$

**This report is due 30 days after the period end.
Apply for the electronic version or print more blank copies of this report at www.mgcc.mb.ca!**

BANK SUMMARY STATEMENT	BINGO	BREAKOPEN	TOTAL
1. OPENING LOTTERY BANK BALANCE AT THE BEGINNING OF THIS PERIOD: (LINE 9 FROM LAST REPORT)			1. \$ _____
2. REVENUE: (Box G, Page1)	_____ + _____		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) _____ WAGES	_____	_____	
CHEQUE (Box N, page 2) _____	_____	_____	
TOTAL EXPENSES	_____ + _____	_____	4. \$(_____)
5. USE OF PROFIT/DISBURSEMENTS: (Box M, page 2)			5. \$(_____)
6. OTHER WITHDRAWALS:	<u>DESCRIPTION</u>	<u>AMOUNT</u>	
BANK CHARGES	_____	_____	6. \$(_____)
7. OTHER RECEIPTS:	<u>DESCRIPTION</u>	<u>AMOUNT</u>	
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. (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: _____

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.