



MONTHLY REPORT FOR MEDIA BINGO LOTTERY

License #

Which month are you reporting?

_____ 20 _____

Org. Name:

Address:

Attach your identification label here.

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

MEDIA BINGO EVENTS HELD (DATE)	DATE OF DEPOSITS	GROSS REVENUE A	CASH PRIZES B	CASH EXPENSES C	CALCULATED DEPOSIT (A-B-C) = D	ACTUAL DEPOSIT E	(OVER) SHORT 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			
LICENSE FEE PAYABLE WITH THIS REPORT		X 1.5%	<div style="border: 2px solid red; padding: 5px;"> <p>This report is to be submitted to the MGCC 20 days after the period end. Apply for the electronic version or print more blank copies of this report at www.mgcc.mb.ca!</p> </div>				

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 K, page 2)	+ _____		
TOTAL PRIZES	= _____	3. \$()
4. EXPENSES: CASH (Box I, page 1)	DESCRIPTION	AMOUNT	
	Commissions	_____	
	Delivery/Postage	_____	
EXPENSES: CHEQUE (Box L, page 2)		+ _____	
	TOTAL EXPENSES	= _____	4. \$(
)
5. DISBURSEMENTS: (Box J, page 2)			5. \$(
)
6. OTHER WITHDRAWALS:	DESCRIPTION	AMOUNT	
	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 M, 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: _____

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