

Texas Hold'em Tournament Ticket Inventory as of: _____
 DATE

Ticket Type	Quantity Remaining	Price

Note:
 Copies of the Printer's invoice must be attached to this report each time a new or replacement set of tickets is printed.

Reminder to all License holders:

The following Texas Hold'em records are considered to be source documents for this report:

- Sold and Unsold tickets - if your organization uses them to track sales
- Player Registration lists - if your organization does not print tickets
- Texas Hold'em Event sheets

Source documents must be kept for a minimum of 3 years and made available upon request.

LOTTERY BANK ACCOUNT RECONCILIATION

Bank Account # _____ Name of Financial Institution: _____

Address: _____

Closing Balance on the Bank Statement at the end of the period: \$ _____

Add: Outstanding Deposits: _____

 _____ \$ _____

Less: Outstanding Cheques: _____

 _____ \$ _____

Actual Adjusted Bank Balance: M \$

NOTE: COPIES OF BANK STATEMENTS FOR THE REPORTING PERIOD MUST BE PROVIDED WITH THE REPORT.

Adjusted Bank Balance at the beginning of the period:	(Line 9 from the last report)	1)	\$	
Total Gross Revenues:	(Box G Page 1)	2)	\$	
Prizes:	CASH (Box H, page 1)		\$	
	CHEQUE (Box K, page 2)		\$	
	Total Prizes:	3)	\$	
Expenses:				
	Cash Expenses: (Box I Page 1)		\$	
	Cheque Expenses: (Box L page 2)		\$	
	Total Expenses:	4)	\$	
	Use of Profit/Disbursements:	(Box J page 2)	5)	\$
	Other Receipts:			
	Interest		\$	
	Non Lottery Deposits:		\$	6)
	Other Withdrawals:			
	Bank Charges		\$	
	Other		\$	7)
	Calculated Bank Balance:	(1 + 2 - 3 - 4 - 5 + 6 - 7)	8)	\$
	Actual Adjusted Bank Balance:	(Box M page 3)	9)	\$
	Cash Short or (Over)	(8 - 9)	10)	

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