



**Manitoba Gaming
Control Commission**

**MONTHLY FINANCIAL
REPORT FOR PERCENTAGE
PAYOUT RAFFLE LOTTERIES**

License #

For 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.

# OF EVENTS & DATE	TOTAL TICKETS OR UNITS SOLD	PRICE PER TICKET OR UNIT	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%

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!

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 J, page 2)	+ _____
	TOTAL PRIZES	= _____ 3. \$(_____)
4. EXPENSES: CASH (Box I, page 1)	<u>DESCRIPTION</u>	<u>AMOUNT</u>
	_____	_____
	_____	_____
EXPENSES: CHEQUE (Box L, page 2)		+ _____
	TOTAL EXPENSES	= _____ 4. \$(_____)
5. DISBURSEMENTS: (Box K, page 2)		5. \$(_____)
	<u>DESCRIPTION</u>	<u>AMOUNT</u>
6. OTHER WITHDRAWALS:	BANK CHARGES	_____
	_____	_____
	_____	_____
7. OTHER RECEIPTS:	INTEREST	_____
	_____	_____
	_____	_____
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: _____	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.