





Texas Hold'em Tournament Ticket Inventory as  
of: \_\_\_\_\_

DATE

Ticket Type	Quantity Remaining	Price

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

**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.**

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