



CITY OF BRANTFORD
BINGO REPORT

For Licence #M

SPONSOR ORGANIZATION:

HALL NAME:

Date of Issue: / /

Number of events:

This report received: / /

Next Licence #M

LICENCE SUMMARY:(ONLY COMPLETE IF IN POOLING OF FUNDS)

Contribution to Bingo Pooling Trust Account, this licence: \$
Accumulated to date \$
Share of Proceeds from Sponsors Association, this licence (C) \$

BANK RECONCILIATION

Financial Institution
Account

Reconciled bank balance from previous report- From Line Q A

ADD:
Complete either B or C

Total Revenue to Sponsor, if regular B
OR
Shares from Association, if Pooling C

OTHER DEPOSITS TO ACCOUNT

Super Jackpot D
Nevada Shares E
Super Star Shares F
Interest G
GST Rebate H
Total (B or C + D to I = J) J

SUBTRACT:

DONATIONS (see reverse) L
Service Charges M
Audit Expenses N
O

EQUALS:
(J - L to O) = P P

REPORT CLOSING BALANCE ADD (A) + (P) = Q
(Opening for next report)

Cheques not cleared (see reverse) R
Deposits not cleared (see reverse) S
Prepaid Licence Fee T
Add (R - S - T = U) U
RECONCILED BANK BALANCE AS OF / / ADD (Q) + (U) =V
End of licence period - reconciles to Bank Statement)

DONATIONS: (Total to be shown on front in section AL@)

| CHEQUE NUMBER | PAYEE | \$ AMOUNT |
|---------------|-------|-----------|
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |

TOTAL (L) _____

CHEQUES NOT CLEARED: (Total to be shown on front in section AR@)

| CHEQUE NUMBER | PAYEE | \$ AMOUNT |
|---------------|-------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |

TOTAL (R) _____

DEPOSITS NOT CLEARED: (Total to be shown on front in section AS@)

| DATE | \$ AMOUNT |
|------|-----------|
| | |
| | |
| | |
| | |
| | |

TOTAL (S)

CERTIFICATE

We, the undersigned, as two Principle Officers of the above organization certify that the above report is a statement of the Lottery Funds referred to herein.

| Principal Officer | | Principal Officer |
|-------------------|--------------|-------------------|
| | Signature | |
| | Name in Full | |
| | Title | |
| | Address | |
| | Bus. Phone | |
| | Date | |

AFFIDAVIT

I _____, Treasurer of _____ In the
of _____ do solemnly declare that the information contained in this report
is true and correct; and I make this solemn Declaration conscientiously believing it to be true,
and knowing that is of the same force and effect as if made under oath and by virtue of the
Canada Evidence Act.

| |
|--|
| Declared before me at the City of Brantford this ____ day of _____, 20____. (A Commissioner for taking affidavits, etc.) |
|--|

Signature of person making declaration.