

CITY OF BRANTFORD NEVADA TRUST ACCOUNT RECONCILIATION

LICENCE NUMBER					
ORGANIZATION					
ISSUE DATE OF LICENC	CE				
TYPE OF TICKET		# of Units			
OWN LOCATION:		3RD PARTY	SITE:		
PREVIOUS LICENCE		NEXT LI	CENCE		
MAX EXPENSES NOT 1	TO EXCEED			(excluding	lic. fee and AGCO tax)
	В	ANK RECON	CILIATIO	DN NC	
Financial Institution			ACC	OUNT#	
CLOSING BALANCE	FROM PREVI	OUS REPOR	T	Α	
				l	
GROSS RECEIPTS		B)			
LESS PRIZES		C)			
NET RECEIPTS:(B-C	:=D)	D)			
-	-				•
EXPENSES					
ADMINISTRATION		E)			
ADVERTISING		F)			
AUDIT CHARGES		G)			•
BANK CHARGES		H)			
COMMISSION-SERVICE	E SUPPLIER	1)			
CASH OVER/SHORTAGE		J)			
COMMISSION - TICKET	Γ SELLER	K)			
TICKET COSTS		I)			
AGCO TAX		M)			
LICENCE FEE		N)			
OTHER		O)			
		P)			•
TOTAL EXPENSES		Q			
(SUM OF E TO $P = Q$)					•
NET INCOME		R			
(D-Q=R)		'			•
LESS 2% MAINTENANCE		S			
NET INCOME	(R-S=T)	Т			
					-

OTHER DEPOSITS INTEREST OTHER - PROVIDE DETAILS		U) V)		
ADD (T +U+V)	W			
TOTAL DONATIONS REMAINING INCOME (W-X)	X Y		Υ)	
REPORT CLOSING BALANCE (OPENING FOR NEXT REPORT) RECONCILED BANK BALANCE	(A +Y)		Z	
CHEQUES NOT CLEARED DEPOSITS NOT CLEARED PREPAID LICENCE FEE PREPAID TICKETS ADD(AA-BB-CC-DD)=EE		AA)		
RECONCILED BALANCE DATE			EE	

DONATIONS					
Cheque	PAYEE		Amount		
		TOTAL			

CHEQUES NOT CLEARED				
Cheque	PAYEE	Amount		
	TOTAL			

DEPOSITS NOT CLEARED				
DATE		Amount		
	TOTAL			

CERTIFICATE

We, the undersigned, as two Principal Officer of the above organization certify that th report is a statement of the Lottery Funds referred to herein

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