



**CITY OF BRANTFORD
NEVADA TRUST ACCOUNT RECONCILIATION**

LICENCE NUMBER			
ORGANIZATION			
ISSUE DATE OF LICENCE			
TYPE OF TICKET		# of Units	
OWN LOCATION:		3RD PARTY SITE:	
PREVIOUS LICENCE		NEXT LICENCE	
MAX EXPENSES NOT TO EXCEED			(excluding lic. fee and AGCO tax)

BANK RECONCILIATION

Financial Institution		ACCOUNT #	
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CLOSING BALANCE FROM PREVIOUS REPORT A

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 SUPPLIER I) _____
 CASH OVER/SHORTAGE J) _____
 COMMISSION - TICKET SELLER K) _____
 TICKET COSTS L) _____
 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) T

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	