



STATEMENT OF ACCOUNT

LICENCE #

Name of Organization _____

Address _____

Type of lottery
 Bingo Nevada/pull ticket Raffle Casino

Frequency
 Single event If series of events, indicate Daily Weekly Monthly
 If other specify _____

Reporting period DD MM YY

Single event held on: Date _____ Or series for the month of: _____

FINANCIAL STATEMENT

Expenses		GROSS REVENUE	1) \$
license			
supplies tickets			
hall rental			
prizes			
radio fee			
other: specify			
TOTAL EXPENSES	2)		
		NET PROFIT (1 - 2)	\$

USE OF PROCEEDS

Donated, amount: \$ _____ To: _____ (Religious or charitable organization)

Retained in lottery account for: _____ (Religious or charitable organization)

Other, specify _____

CERTIFICATION

We certify that the foregoing is a true and accurate statement for the above lottery.
 We also understand that this statement will not be accepted unless certified by **two** principal officers representing the organization.

Date DD MM YY

Name or Principal Officer		
Signature X		
Title in organization		
Telephone	(W) (H)	(W) (H)

**COMPLETE &
RETURN TO**

**Municipality of Kinngait
PO Box 30
Kinngait, NU
X0A 0C0**