

SCHEDULE "D"
QUARTERLY FINANCIAL STATEMENTS

This form must accompany applications for renewals.

Name of Organization

Ending Bank Balance as of _____, 20____ Line (A):\$ _____

ACTUAL REVENUES

Please attach all required forms with this statement.

BINGO REVENUES

Licence # _____	Month: _____	Revenue: \$ _____
Licence # _____	Month: _____	Revenue: \$ _____
Licence # _____	Month: _____	Revenue: \$ _____

TOTAL BINGO REVENUE: \$ _____ (1)

PULL TICKET (NEVADA) REVENUE

Licence # _____	Month: _____	Revenue: \$ _____
Licence # _____	Month: _____	Revenue: \$ _____
Licence # _____	Month: _____	Revenue: \$ _____

TOTAL NEVADA REVENUE: \$ _____ (2)

RAFFLE REVENUE

Licence # _____	Month: _____	Revenue: \$ _____
Licence # _____	Month: _____	Revenue: \$ _____
Licence # _____	Month: _____	Revenue: \$ _____

TOTAL RAFFLE REVENUE: \$ _____ (3)

OTHER REVENUE

Licence # _____	Month: _____	Revenue: \$ _____
Licence # _____	Month: _____	Revenue: \$ _____

TOTAL OTHER REVENUE: \$ _____ (4)

TOTAL LOTTERY REVENUE (1 + 2 + 3 + 4) = Line (B): \$ _____

Add Lines A+B equals total revenue available this period. C+A+B= \$ _____ Line (C)

EXPENDITURES SUMMARY

Please provide details of all expenditures and they must be accompanied by copies of receipts.

Total Expenditures Line (D): \$ _____

Please refer to the chart below.

Total Ending Balance Line C-D= \$ _____

EXPENDITURES FOR THE MONTH OF _____

Date	Vendor	Description	Amount

TOTAL EXPENDITURES \$

LINE (D)

**'I CERTIFY THAT THE INFORMATION SUBMITTED ON THIS FORM IS TRUE AND ACCURATE
AND I ACCEPT ALL RESPONSIBILITY FOR THE INFORMATION.'**

PRINT NAME

SIGNATURE

DATE