

SCHEDULE "E"
 QUARTERLY FINANCIAL STATEMENTS

 Name of Organization

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

ACTUAL REVENUES *Please attach all required forms with this statement.*

BINGO REVENUE

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)

CASINO REVENUE

Licence # _____ Month: _____ Revenue: _____
 Licence # _____ Month: _____ Revenue: _____
 Licence # _____ Month: _____ Revenue: _____

TOTAL CASINO REVENUE: _____ (4)

DONATION REVENUE

Received from: _____ Revenue: _____
 Received from: _____ Revenue: _____
 Received from: _____ Revenue: _____

TOTAL DONATION REVENUE: _____ (5)

TOTAL LOTTERY REVENUE (1 + 2 + 3 + 4 + 5) = LINE (B): \$ _____

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

EXPENDITURES SUMMARY

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

Total Expenditure Line (D): \$ _____

Please refer to chart below.

Total Ending Balance Line C - D = \$ _____

EXPENDITURES FOR THE MONTH OF _____

Date	Vendor	Description	Amount

TOTAL EXPENDITURES \$ _____ LINE (D)

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

PRINT NAME SIGNATURE DATE