



FINANCIAL REPORT

License # _____

Name of Organization: _____

Address: _____

Date Raffle Completed: _____

Date(s) Winners Declared: _____

STATEMENT OF RAFFLE INCOME:

Tickets Printed: _____

Tickets Unsold: _____

Tickets Sold: _____ x _____ = Total Gross Receipts 1. \$ _____
 Selling Price per ticket

2. \$ _____

ACTUAL COST OF PRIZES

EXPENSES \$ _____

Printing _____

Advertising _____

Wages _____

Other (Specify) _____

License Fees (1% of prizes awarded) _____

Total Expenses 3. \$ _____

Net Profit 4. \$ _____

Lottery Bank Account Information:

The receipts derived from this Raffle were maintained in _____

(Name and Address of Financial Institution)

Lottery Bank Account No.(s). _____

DISBURSEMENTS: (AS PER APPLICATION)

DATE	CK#	PAYEE	DESCRIPTION	\$
Total Disbursements 5.				\$

CERTIFICATION

WE, the undersigned, have examined the records and accounts of _____

 (Name of Organization)

with respect to the above described lottery, and the information contained herein is correct to the best of our knowledge and belief.

DATED this _____ day of _____, 19 _____.

Signature				
Print Name				
Office Held				
Address				
Postal Code				
Res	Bus	Telephone	Res	Bus
SIGNATURES OF TWO (2) PRINCIPAL OFFICERS ARE REQUIRED				

Please enter the name and telephone number of the person completing this report if it is different from those shown above.
 Name(Print) _____ Phone # _____