



The City of Flin Flon
 20 First Avenue
 FLIN FLON, Manitoba R8A 0T7
 Phone 681-7511 Fax 681-7530

RAFFLE FINANCIAL REPORT
Detach & Complete
 30 Days After Draw is Held

License #

Final Draw Date: _____

 Date(s) Winners Declared: _____

Org. Name: _____
 Address: _____

TICKETS PRINTED	TICKETS UNSOLD	TICKETS SOLD	X	SELLING PRICE PER TICKET	=	GROSS REVENUE
			X		=	
			X		=	
			X		=	
TOTAL				GROSS REVENUE:	1)	\$ _____
				LESS ACTUAL COST OF PRIZES:	2)	\$ (_____)

SUMMARY OF EXPENSES:

RAFFLE TICKET PRINTING	\$ _____
OTHER PRINTING COSTS	\$ _____
ADVERTISING	\$ _____
WAGES	\$ _____
OTHER (SPECIFY) _____	\$ _____
LICENSE FEE (\$5.00)	\$ _____
TOTAL EXPENSES:	3) \$ (_____)
NET PROFIT (LOSS) (Line 1 - 2 - 3):	4) \$ _____

NET PROFIT DISTRIBUTION: (Profits Distributed as Follows)			
Date	Check No.	Organization	Amount

As stated in the Raffle Terms and Conditions, all profit must be disbursed within 60 days after the final draw.
 If circumstances do not allow for the entire profit to be expended within this time frame, *then an additional follow up report is required.*

If the above applies to your organization's situation, please complete the following:

Anticipated date of full profit disbursement: _____

Additional Raffle Report submission date: _____

CERTIFICATION

WE, the undersigned, have examined the records and accounts of _____ (Name of Organization)
 with respect to the above described lottery, the information contained herein is correct to the best of our knowledge and belief, and we hereby attest that all procedures were in accordance with the terms and conditions of the license.

DATED THIS _____ DAY OF _____ 20____

SIGNATURES OF THE **PRESIDENT** AND **ONE PRINCIPAL OFFICER** ARE REQUIRED ON THIS FORM

	SIGNATURE	
	PRINT NAME	
	OFFICE HELD	
	ADDRESS	
	POSTAL CODE	
BUS: _____	RES: _____	TELEPHONE _____ BUS: _____ RES: _____

NAME (PRINT) _____ # _____

PLEASE ENTER THE NAME AND DAYTIME TELEPHONE NUMBER OF THE PERSON COMPLETING THIS REPORT, IF IT IS DIFFERENT FROM THOSE SHOWN ABOVE.