



BC-7 Financial Statement of Bingo Operations

Instructions: Prepare report in duplicate. Within 7 days after each occasion, send original to clerk of municipality and retain one copy for your files.

Name of Organization: _____

Bingo Identification Number: _____

Street Address: _____

City, Town or Village (circle one): _____ Zip Code: _____

Phone Number: _____

Address where bingo is conducted, if different:

Street Address Municipality Zip County

Number of Players Number of Games Date of Occasion Hours of Occasion

A. RECEIPTS:

- 1. Bingo Receipts (Form BC-7B must be completed and attached) \$
2. Sale of Supplies \$
3. Other Receipts (Rent, etc) \$
4. Total Receipts (Add lines 1 through 3) \$

B. EXPENDITURES (Show only payments actually made)

- 1. Prizes \$
Describe Expenditure Payee Check No. Amount
2. Rent:
3. License Fee:
4. Bingo Equipment and Supplies:
5. Services:
6. Other Expenses:
7. Total Expenditures:

C. NET PROFIT OR (LOSS)

- 1. Profit (or Loss) Before Additional License Fee (*Item A4 less Item B7*): _____
- 2. Additional License Fee (LIST CHECK NUMBER _____): _____
- 3. Profit (or Loss) (Item 1 less Item 2): _____

D. GAME BANK FUND

(Memo Entry Only)

Payee

Check Number

Amount

E. DISPOSITION OF AND ACCOUNTING FOR NET PROCEEDS:

- 1. If this is organization's first occasion, give opening balance, if any, in the **Special Bingo Account:** _____
Source of Opening balance: _____
- 2. Unexpended balance of net proceeds shown on last report: _____
- 3. Net Profit (or Loss) from this occasion (*Part C, Item 3*): _____
- 4. Interest earned on net proceeds on deposit in interest bearing account(s): _____
- 5. Other deposits into or adjustments in Special Bingo Account: _____
Explanation: _____
- 6. Total Net proceeds (*Add Items 1 through 5*): _____

Disbursements of Net Proceeds since last report: (Attach additional sheets if necessary)

Date	Check No.	Description of Disbursements	Name & Address of Payee	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 7. Total Disbursements: _____
- 8. Unexpended balance of net proceeds (*Item 6 less Item 7*): _____

F. RECONCILIATION OF UNEXPENDED BALANCE: (To be completed monthly --- upon receipt of monthly bank statement)

<u>Depository</u>	<u>Name of Bank</u>	<u>Account Number</u>	<u>Reconciled Balance</u>
1) Checking	_____	_____	_____
2) Savings	_____	_____	_____
3) Other	_____	_____	_____
Total (Must be the same as Line E8-Unexpended Balance)			_____

H. DECLARATION: (All three sections must be fully completed and signed. Unsigned reports will be returned):

I swear or affirm that the information and statements contained herein have been examined by me and are true, accurate and complete.

Head of Organization:

Signature _____
Date

Print Name *Print Title*
(_____)

Home Address, City and Zip Code *Phone Number*

Email Address

Member In Charge:

Signature _____
Date

Print Name *Print Title*
(_____)

Home Address, City and Zip Code *Phone Number*

Email Address

Preparer of Report:

Signature _____
Date

Print Name *Print Title*
(_____)

Home Address, City and Zip Code *Phone Number*

Email Address