



Bingo Event Pooling Close-out Summary

Hall name: _____

Date: ____/____/____
(YY/MM/DD)

Town/City: _____

Event time, check one: Matinee Evening Late night

Licence number: _____ Charity name: _____

EVENT CASH RECONCILIATION

Attendance: _____

Total Gross Revenue [A]

\$ _____ [A]

Prize payouts

\$ _____ [J]

Trust account funding

\$ _____ [G]

Total prizes [J] + [G]

\$ _____ [B]

Amount for hall expenses [A] – [B]

\$ _____ [D]

Shortage/overage

\$ _____ [E]

Actual Association deposit [(D) – (E)]

\$ _____ [F]

Prize payout from trust account this event:

\$ _____

We the undersigned hereby certify the above information to be true and correct:

Association Manager's: _____
(signature) (print name)

Charity Representative's: _____
(signature) (print name)

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