



**Bingo event close out summary
Class C bingo**

Date:	Time from:	to:
Charity name:	Licence number:	

Event cash reconciliation

Attendance		
[A] Total gross revenue	\$	[A]
[B] Total prizes (include jackpot trust account deposit)	\$	[B]
[C] Hall charges	\$	[C]
[D] Bingo caller (if paid)	\$	[D]
[E] Cash shortage/overage	\$	[E]
Take home cash [F=A-B-C-D+/-E]	\$	[F]

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

(Charity representative's signature)

(Print name)

(Depositor's signature)

(Print name)

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