

**The City of Flin Flon**

20 First Avenue  
 FLIN FLON, Manitoba  
 R8A 0T7  
 Phone: 833-210-6435  
 Fax: 204-681-7530

**FINANCIAL REPORT****Raffle Financial Report****Licence #**

\_\_\_\_\_

**Detach & Complete 30 Days  
 After Draw is Held**

Final Draw Date:

\_\_\_\_\_

Date(s) Winners Declared:

\_\_\_\_\_

Org. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tickets Printed	Tickets Unsold	Tickets Sold	X	Selling Price Per Ticket	=	Gross Revenue

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 (\$20.00) \$ \_\_\_\_\_

TOTAL EXPENSES: 3) \_\_\_\_\_

NET PROFIT (LOSS) (Line 1 – 2 – 3): 4) \_\_\_\_\_

**NET PROFIT DISTRIBUTION (PROFITS DITRIBUTED AS FOLLOWS):**

Date	Check No.	Organization	Amount

**\*Please see next page\***

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 statement 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: _____ <div style="text-align: right;">(Name of Organization)</div>		
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 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	
	PHONE #	

Please enter name and phone number of the person completing this report, if it is different from those shown above.

Name (Please Print): \_\_\_\_\_ Phone No.: \_\_\_\_\_

