

BINGO SESSION REPORT

Licensee's Name _____

Date _____ Day of Week _____ Attendance _____ Time Taken _____

Receipts

- (1) Beginning Cash.....(1) \$ _____
- (2) Hard Cards Sold.....# _____ @ \$ _____ =(2) \$ _____
- (3) Paper Cards Sold.....# _____ @ \$ _____ =(3) \$ _____
- (4) Specials.....# _____ @ \$ _____ =(4) \$ _____
- (5) Other _____ # _____ @ \$ _____ =(5) \$ _____
- (6) Total Receipts.....(6) \$ _____
- (7) Less Beginning cash.....(7) \$ _____
- (8) Cash Over/Short.....(8) \$ _____
- (9) **Total Adjusted Gross Receipts**.....(9) \$ _____
- (10) Total Prizes Paid Out.....(10) \$ _____
- (11) **Gross Proceeds**.....(11) \$ _____
(line 9 minus line 10)

Operating Expenses

- (12) Total Paid to Bingo Operators.....# _____ @ \$ _____ =(12) \$ _____
- (13) Other _____(13) \$ _____
- (14) **Total Expenses**.....(14) \$ _____

Net Receipts

- (15) Gross Proceeds (from line 11).....(15) \$ _____
- (16) Less Expenses (from line 14).....(16) \$ _____
- (17) **Net Receipts**.....(17) \$ _____

Bingo Operators for Session:**Amount Paid:**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

I do solemnly swear, under criminal penalty of a felony for false statements, that the above statements are true and correct.

Prepared by _____

****NOTE: Attach cash register receipts and expense receipts****

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DATE: _____

[illegible]