

2. Unexpended balance of net proceeds shown on last report.....	\$	<input type="text"/>	<input type="text"/>
3. Net profit (or Loss) from this occasion (Part C, Item 3).....	\$	<input type="text"/>	<input type="text"/>
4. Interest earned on net proceeds on deposit in interest bearing account(s).....	\$	<input type="text"/>	<input type="text"/>
5. Other deposits into or adjustments in Special Bingo Account.....	\$	<input type="text"/>	<input type="text"/>
Explanation _____			
6. Total net proceeds (add Items 1 through 5).....	\$	<input type="text"/>	<input type="text"/>

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.....	\$	<input type="text"/>	<input type="text"/>
8. Unexpended balance of net proceeds (Item 6 less Item 7).....	\$	<input type="text"/>	<input type="text"/>

F. Reconciliation of Unexpended Balance (To be Completed Monthly - - Upon receipt of Monthly Bank Statement)

Depository	Name of Bank	Account No.	Reconciled Balance
1) Checking	_____	_____	_____
2) Savings	_____	_____	_____
3) Other	_____	_____	_____
Total (Must be the same as Line E8 - Unexpended Balance).....			\$ <input type="text"/>

Instructions: This section must be fully completed by all parties.

I swear, or affirm that the information and statements contained herein have been examined by me and to the best of my knowledge and belief are true, correct and complete.

Head of Organization:

<input type="text"/>	<input type="text"/>
First Name	Last Name

Street Address	City	Zip	County
(<input type="text"/>) <input type="text"/> - <input type="text"/>	_____	_____	<input type="text"/> / <input type="text"/> / <input type="text"/>
Phone Number	Signature	Date	

Member in Charge:

<input type="text"/>	<input type="text"/>
First Name	Last Name

Street Address	City	Zip	County
(<input type="text"/>) <input type="text"/> - <input type="text"/>	_____	_____	<input type="text"/> / <input type="text"/> / <input type="text"/>
Phone Number	Signature	Date	

Preparer (if different):

<input type="text"/>	<input type="text"/>
First Name	Last Name

Street Address	City	Zip	County
(<input type="text"/>) <input type="text"/> - <input type="text"/>	_____	_____	<input type="text"/> / <input type="text"/> / <input type="text"/>
Phone Number	Signature	Date	

