Email: TOGRecords@Granby-ct.gov

This report is to be submitted online within 2 weeks of the end of each quarter (select quarter):			January-	April-June	•	October-	Permit Number				1
			March		September	December					4
Name of Organization											_
, and the second											
Address (No. and Street, City or Town, State, Zip Code)											
Telephone											
Email address											
								1			_
Session Number	#1	#2	#3	#4	#5	#6	#7	1			_
Session Date							_			Sub-total A	4
Total Receipts ¹							1]	Add #1 thru #7		Line 1
Value of Prizes (cash & merch.) ²								\longrightarrow	Add #1 thru #7		Line 2
Check if grand prize won											
Session Number	#8	#9	#10	#11	#12	#13	#14	1			
Session Date						_		1		Sub-total B	
Total Receipts ¹								\longrightarrow	Add #8 thru #14		Line 3
Value of Prizes (cash & merch.) ²								\longrightarrow	Add #8 thru #14		Line 4
Check if grand prize won											_
Note: If a session is not held, please e	nter "0" in "	Total Recei	pts" for tha	t Session Da	te.			_			
¹ - Taken from "Ten Day Bingo Report	t" Schedule 3	3, Line 1								Total	
² - Taken from "Ten Day Bingo Report" Schedule 3, Line2 + Line 3 Total Receipts: Line 1 + Line 3										Line 5	
							Value of Ca	ash & Priz	es: Line 2 + Line 4		Line 6
Submitted By]						-
Date Net Receipts: Line 6 deducted from Line 5											Line 7
Amount Due to "Town of Granby": Multiply Line 7 by 0.05											Line 8