



- ATTENTION: 1. File completed report within 10 days after bingo session.
2. Submit check payable to **"Town of Granby"**
3. Mail report to **15 North Granby Road, Granby, CT, 06035**

NAME OF ORGANIZATION		PERMIT NUMBER	
ADDRESS (No. and Street)		TELEPHONE NUMBER	
(City or Town)		(State) (Zip Code)	
DATE OF SESSION	DAY OF SESSION	TIME OF SESSION pm to pm	NUMBER OF PLAYERS

SCHEDULE 1. BINGO INCOME STATEMENT

A. REVENUE

TYPE OF SALE	Identifiable Admissions	WTA #1	WTA #2	Package Sales	Special #1	Special #2	Special #3	Special #4	Special #5	Special #6	Special #7
NUMBER OF CARDS											
PRICE											
GAME RECEIPTS											
TYPE OF SALE	Special #8	Special #9	Special #10	Special #11	Special #12	Special #13	Special #14	Special #15	Special #16	Special #17	Special #18
NUMBER OF CARDS											
PRICE											
GAME RECEIPTS											

1. Total bingo game receipts (from schedule above) \$ _____
2. Sales of supplies \$ _____
3. Other receipts (explain) (_____) \$ _____
4. TOTAL REVENUE (add items 1 through 3) \$ _____

B. EXPENSES

1. Cash prizes (Schedule 2, part A, TOTAL plus schedule 2, part C, TOTAL CASH DOOR PRIZES) \$ _____
2. Fee paid to Town of Granby (Schedule 3, line 5) Check Number _____ \$ _____
3. Other expenses and/or Goodwill Payments (actually paid)

	CHECK NO.	NAME OF PAYEE	DESCRIPTION	AMOUNT
a.				
b.				
c.				
d.				

- Total other expenses (add items a through d) \$ _____
4. TOTAL EXPENSES (add items 1 through 3) \$ _____

C. NET PROFIT (LOSS)

1. Net Profit (Loss) (from Part A, Line 4, TOTAL REVENUE, deduct Part B, line 4, TOTAL EXPENSES) \$ _____

STARTING CASH BANK \$	DEPOSIT MADE BY	PIN #	AMOUNT OF DEPOSIT \$	DATE OF DEPOSIT
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