

City of Stamford
 Stamford Police Department
 725 Bedford Street
 Stamford, CT 05901
 Email: Jbernardo@stamfordct.gov
 Web site: stamfordpd.org
 Phone: 203-977-4425



TEN DAY BINGO REPORT
 CGF-1 Rev. 3/14

- ATTENTION: 1. File completed report within **10 days** after bingo session.
 2. Submit check payable to the **Treasurer, State of Connecticut.**
 3. Mail report to **165 Capitol Avenue, Hartford, CT 06106.**

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		NUMBER OF PLAYERS	
		pm to pm			

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 City of Stamford (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
\$			\$	

SCHEDULE 2. LIST OF PRIZES

A. SUMMARY OF CASH BINGO GAME PRIZES

PRIZE	NO. OF GAMES	TOTALS
WTA #1		\$ *
WTA #2		\$ *
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
Amount of Special Grand Prize #1 for this session		\$
Amount of Special Grand Prize #2 for this session		\$
Breakage		\$
TOTAL		\$

*Amount awarded after 10% has been deducted

C. DOOR PRIZE(S)

MERCHANDISE DOOR PRIZE SECTION	
DESCRIPTION	VALUE
	\$
	\$
	\$
TOTAL MERCHANDISE DOOR PRIZE(S)	\$
CASH DOOR PRIZE SECTION	
TOTAL CASH DOOR PRIZE (S)	\$

SCHEDULE 3. CALCULATION OF FEE

1.	Total bingo game receipts (schedule 1, part A, line 1)	\$
2.	Total cash bingo game prizes (schedule 2, part A, Total)	\$
3.	Total merchandise bingo game prizes (schedule 5, Grand Total)	\$
4.	Net receipts (deduct lines 2 and 3 from line 1)	\$
5.	Total fee due Treasurer, State of Connecticut (multiply line 4 by .05)	\$

B. SPECIAL GRAND PRIZE #1 (PROGRESSIVE)

	SESSION DATE	AMOUNT
Week #1		\$
Week #2		\$
Week #3		\$
Week #4		\$
Week #5		\$
Week #6		\$
Week #7		\$
Week #8		\$
Week #9		\$
Week #10		\$
Week #11		\$
Week #12		\$
Week #13		\$
Week #14		\$
Week #15		\$
Week #16		\$
TOTAL PAID FOR SPECIAL GRAND PRIZE #1		\$

D. SPECIAL GRAND PRIZE #2 (PROGRESSIVE)

	SESSION DATE	AMOUNT
Week #1		\$
Week #2		\$
Week #3		\$
Week #4		\$
Week #5		\$
Week #6		\$
Week #7		\$
Week #8		\$
Week #9		\$
Week #10		\$
Week #11		\$
Week #12		\$
Week #13		\$
Week #14		\$
Week #15		\$
Week #16		\$
TOTAL PAID FOR SPECIAL GRAND PRIZE #2		\$

LIST WINNER(S) FOR SPECIAL GRAND PRIZE(S):

CHECK NO.	NAME OF PAYEE	AMOUNT
		\$
		\$
		\$
		\$
		\$

SCHEDULE 4. DISPOSITION OF, AND ACCOUNTING FOR NET PROFIT (Contribution/Donation)

	DATE	CHECK NO.	NAME OF PAYEE	DESCRIPTION	AMOUNT
1.					
2.					
TOTAL DISBURSEMENTS					\$

I DO HEREBY MAKE OATH THAT THE STATEMENT IN THE FOREGOING REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND ACCURATE.

I DO HEREBY MAKE OATH THAT THE STATEMENT IN THE FOREGOING REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND ACCURATE.			FOR OFFICE USE ONLY
SIGNATURE OF MEMBER-IN-CHARGE/DESIGNEE OF BINGO SESSION	PIN #	DATE	Check Number
SIGNATURE OF RANKING OFFICER	PIN #	DATE	Amount
FORM PREPARED BY (Please Print)	PIN #	TELEPHONE NUMBER	
			\$

