

**LG811 Bingo Occasion Summary/Hard Cards**

Complete in ink.

Organization name _____	License/premises permit number _____
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Occasion date \_\_\_\_/\_\_\_\_/\_\_\_\_ Occasion time \_\_\_\_\_ a.m./p.m.

**Part I - Computation of Net Receipts**

- |   |          |
|---|----------|
| 1. Enter total of line 3 of all LG807's (gross sales)     | 1. _____ |
| 2. Enter amount from LG809 line 3 (total prizes paid)     | 2. _____ |
| 3. Line 1 minus line 2 (total bingo net receipts or loss) | 3. _____ |

**Part II - Computation of Cash Discrepancy**

- |   |           |
|---|-----------|
| 4. Total cash on hand (cash count)  | 4. _____  |
| 5. Enter total of all starting cash banks (from LG807's)  | 5. _____  |
| 6. Line 4 minus line 5 (bank deposit amount)  | 6. _____  |
| 7. Enter total amount of prizes paid by check and cost of purchased merchandise prizes (from line 1 of LG809) | 7. _____  |
| 8. Line 6 minus line 7  | 8. _____  |
| 9. Enter amount from line 3 above (total bingo net receipts or loss)  | 9. _____  |
| 10. Line 8 minus line 9 (cash discrepancy)  | 10. _____ |
| 11. Enter total of column 4 of LG808 (gross bingo receipts) less coupons and gift certificates redeemed       | 11. _____ |
| 12. Subtract line 11 from line 1 (cash discrepancy: cash long or <short>)                                     | 12. _____ |

**If discrepancy of gross receipts on line 12 is more than \$50 complete Part III.**

**Signature of Preparer**

To the best of my knowledge, I declare that this information is accurate and complete.

Preparer's signature (in ink): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part III - Cash Discrepancy Information** Please give a complete explanation of the cash discrepancy.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To the best of my knowledge, I declare that this information is accurate and complete.

Name and title of CEO or gambling manager (please print): \_\_\_\_\_  
(first and last name) (title)

Signature of CEO or gambling manager (in ink): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If Part III is required, mail a copy of the completed form within 5 days of the bingo occasion to:  
 Gambling Control Board  
 Suite 300 South  
 1711 West County Road B  
 Roseville, MN 55113

**Questions?** Call the Gambling Control Board at 651-639-4000. This form will be made available in alternative format (i.e. large print, Braille) upon request. If Part III is completed and submitted to the Board, the information on this form will become public information when received by the Board, and will be used to determine your compliance with Minnesota statutes and rules governing lawful gambling activities.