

PINELLAS COUNTY DEPARTMENT OF JUSTICE & CONSUMER SERVICES
CLASS A LICENSEE MONTHLY RECORDS

Organization:	Month/Year:
Address:	

NOTE: Only one month of bingo will be reported on this Sheet. All columns will be totaled by the Organization and reported in the “Total” Column

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	TOTAL
Session Date											
#Games											
Total Receipts											
(-)Prize Payouts											
(=)Entire Proceeds											
(-)Expense											
(=) Net Proceeds											

I _____, certify that I am the member responsible for the proper utilization of gross receipts for the bingo sessions reported on this form. This report is true and correct to the best of my knowledge.

Signature _____ Title _____ Date _____

NOTE: Monies from “Instant Bingo” cannot be reported on this form, nor can it be deposited in the Bingo Checking Account.