

Host Local Government Revenue and Expenditure Report

\$ \$ \$ PLEASE PRINT CLEARLY

Gaming Policy and Enforcement Branch

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BEFORE YOU START

This form is to be used by host local governments that have revenue sharing agreements with casinos and community gaming centres. Use this form to report revenues and expenditures associated with these agreements in a given calendar year.

- Complete this form once per calendar year showing revenues and expenditures made between January 1 and December 31.
- Use the latest version of this form, available at: www.gaming.gov.bc.ca/revenue/docs/form-hlg-expenditure-report.pdf
- Submit this form no later than March 15.

SECTION 1 – REPORTING PERIOD

Total revenues: (total deposits during this reporting period)

Scan the completed and signed form, and any supporting documentation, then submit by e-mail to gpeb.finance@gov.bc.ca
(PDF format is preferred), or fax to (250) 387-1818.

Reporting period: (indicate the calendar year for which this form	is being submitted)			
Report date: (the date this report was prepare	ed – YYYY-MM-DD)			
SECTION 2 – LOCAL GOVERNMEN	IT INFORMATION			
Name of local government:				
Mailing address: Unit, Street, and/or PO Box City			Postal Code	
SECTION 3 – OPENING BALANCE				
Opening balance: (amount carried forward from previous report)		\$		
SECTION 4 – REVENUES				
Deposits: (received during this reporting period	od – include gaming venue names if appro	opriate)		
Deposit date: (YYYY-MM-DD)	posit date: (YYYY-MM-DD) Gaming venue name(s)		Amount	
			\$	
			\$	
			\$	
			\$	
			\$	

SECTION 5 – EXPENDITURES

Community grants: (during this reporting period)	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Capital projects: (during this reporting period)	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Other expenditures: (during this reporting period)	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total expenditures: (total community grants, capital projects, and other expenditures during this reporting period)	\$

SECTION 6 – CLOSING BALANCE

Closing balance: (opening balance + total revenues – total expenditures)	¢
(carry forward as the opening balance on the next report)	³

SECTION 7 – CERTIFICATION

Submitter: (authorized signatory for the host local government – I certify that the information in this report is true and correct – see the instructions at the beginning of this document for submission information)				
Job Title:	First name:	Last name:		
E-mail address: (provide a valid e-mail address)		Phone number: (XXX) XXX-XXXX		
Signature: (required)		Date signed: (YYYY-MM-DD)		
X				