Indigenous Gaming Regulators Inc.

Suite 400 - 203 Packham Avenue, Saskatoon, Saskatchewan S7N 4K5

MONTHLY BREAKOPEN EVENT LOG
(To be submitted within 5 days of monthend)

Organization Information	
Licence Number:	
Organization Name:	
Mailing Address:	
First Nation/City/Town:	**Postal Code:**

Breakopen Inventory Reconciliation:

Game type (ID number)	# of boxes unsold from last report	# of boxes purchased this period	Cost of boxes purchased this period	# of boxes sold this period	# of boxes unsold at end of this period
Totals:					

Other expenses (describe):

	$
	$
	$
Total Expenses:	$

Detailed Event Information:

Date	Event time	Actual cash deposit	Date	Event time	Actual cash deposit

This is to certify that the above information provided in this report is true and correct and that the proceeds will be used for the charitable objects or purposes as approved by the Indigenous Gaming Regulators.

Certified correct this _____day of _____ 20_____

by _____
Print Name Position Signature

Business Phone:_____ Residence Phone:_____