



[www.michigan.gov/cg](http://www.michigan.gov/cg)

# BINGO GAME FORMS PACKET

- Bingo Weekly Cash Accountability
- Bingo Master Control Sheet
- Disposable Bingo Card Accountability
- Michigan Progressive Jackpot Bingo Game
- Disposable Bingo Card Monthly Inventory
- Bingo Prize Payout Log
- Bingo Coverall Record
- Michigan Progressive Jackpot Coverall Record
- Workers Service Record
- Charity Game Ticket Accountability (Bingo License)
- Charity Game Ticket Reconciliation



Charitable Gaming Division  
 101 E. Hillsdale, Box 30023  
 Lansing, Michigan 48909  
 (517) 335-5786  
 www.michigan.gov/cg

# BINGO WEEKLY CASH ACCOUNTABILITY

Organization Name	License Number	Event Date
-------------------	----------------	------------

Verification Slip Beginning # \_\_\_\_\_ Ending # \_\_\_\_\_ Attendance \_\_\_\_\_

## Bingo Revenue:

### 1. Admission / Bingo Cards

Master Control	+	Disposable Bingo Card Acc't.	+	Electronic	=	_____
----------------	---	------------------------------	---	------------	---	-------

- 2. Michigan Progressive Jackpot Card Sales ..... \_\_\_\_\_
- 3. Other Revenue (sales of supplies)..... \_\_\_\_\_
- 4. Total Revenue (add lines 1 -3)..... \_\_\_\_\_

## Bingo Cash Expenses:

- 5. Michigan Progressive Jackpot Consolation Prize (cash) ..... \_\_\_\_\_
- 6. Other Cash Prizes ..... \_\_\_\_\_
- 7. Worker Compensation ..... \_\_\_\_\_
- 8. Total Bingo Cash Expenses (add lines 5 - 7)..... \_\_\_\_\_
- 9. Bingo Cash Proceeds (subtract line 8 from line 4) ..... \_\_\_\_\_

## Charity Game Tickets:

- 10. Ticket Sales ..... \_\_\_\_\_
- 11. Prizes ..... \_\_\_\_\_
- 12. Charity Game Ticket Gross Profit (subtract line 11 from line 10)..... \_\_\_\_\_

## Reconcile Cash:

- 13. Net Proceeds (add lines 9 & 12)..... \_\_\_\_\_
- 14. Start Cash (if deposited weekly) ..... \_\_\_\_\_
- 15. Calculated Deposit (add lines 13 & 14)..... \_\_\_\_\_
- 16. Actual Deposit ..... \_\_\_\_\_
- 17. Discrepancy (subtract line 16 from line 15)..... \_\_\_\_\_

Signature of Recordkeeper	Signature of Chairperson
---------------------------	--------------------------

COMPLETION: Required.  
 PENALTY: Failure to complete this form  
 may result in administrative action.



Charitable Gaming Division  
 101 E. Hillsdale, Box 30023  
 Lansing, Michigan 48909  
 (517) 335-5786  
 www.michigan.gov/cg

# BINGO MASTER CONTROL SHEET

Organization Name	Completed By	License Number	Event Date
-------------------	--------------	----------------	------------

	Verifi.	Adm.	Reg.	# Books	# Books	# Books	# Books	# Books	Total		Verifi.	Adm.	Reg.	# Books	# Books	# Books	# Books	# Books	Total
	Slip	or	Hard	\$	\$	\$	\$	\$	Sales		Slip	or	Hard	\$	\$	\$	\$	\$	Sales
Number	Adm.	Cards	Cards							Number	Adm.	Cards	Cards						
1									23										
2									24										
3									25										
4									26										
5									27										
6									28										
7									29										
8									30										
9									31										
10									32										
11									33										
12									34										
13									35										
14									36										
15									37										
16									38										
17									39										
18									40										
19										Totals									
20																			
21											Total Sales*			\$					
22											Actual Cash			-					
											Discrepancy			\$					
										Totals									

\* Enter this amount on the Bingo Weekly Cash Accountability form.

Authority: Act 382 of the Public Acts of 1972, as amended.

COMPLETION: Required.  
 PENALTY: Failure to complete this form  
 may result in administrative action.  
 BSL-CG-1625A(R4/06)



Charitable Gaming Division  
 101 E. Hillsdale, Box 30023  
 Lansing, Michigan 48909  
 (517) 335-5786  
 www.michigan.gov/cg

# BINGO MASTER CONTROL SHEET

Organization Name	Completed By	License Number	Event Date
-------------------	--------------	----------------	------------

	Verifi. Slip Number	Adm. or Adm. Cards	Reg. Hard Cards	# Books \$_____	# Books \$_____	# Books \$_____	# Books \$_____	# Books \$_____	Total Sales		Verifi. Slip Number	Adm. or Adm. Cards	Reg. Hard Cards	# Books \$_____	# Books \$_____	# Books \$_____	# Books \$_____	# Books \$_____	Total Sales
41										63									
42										64									
43										65									
44										66									
45										67									
46										68									
47										69									
48										70									
49										71									
50										72									
51										73									
52										74									
53										75									
54										76									
55										77									
56										78									
57										79									
58										80									
59										81									
60										82									
61										83									
62										84									
Totals										Totals									

COMPLETION: Required.  
 PENALTY: Failure to complete this form  
 may result in administrative action.



Charitable Gaming Division  
 101 E. Hillsdale, Box 30023  
 Lansing, Michigan 48909  
 (517) 335-5786  
 www.michigan.gov/cg

# BINGO MASTER CONTROL SHEET

Organization Name	Completed By	License Number	Event Date
-------------------	--------------	----------------	------------

	Verifi. Slip Number	Adm. or Adm. Cards	Reg. Hard Cards	# Books \$_____	# Books \$_____	# Books \$_____	# Books \$_____	# Books \$_____	Total Sales		Verifi. Slip Number	Adm. or Adm. Cards	Reg. Hard Cards	# Books \$_____	# Books \$_____	# Books \$_____	# Books \$_____	# Books \$_____	Total Sales
85										107									
86										108									
87										109									
88										110									
89										111									
90										112									
91										113									
92										114									
93										115									
94										116									
95										117									
96										118									
97										119									
98										120									
99										121									
100										122									
101										123									
102										124									
103										125									
104										126									
105										127									
106										128									
Totals										Totals									

COMPLETION: Required.  
 PENALTY: Failure to complete this form  
 may result in administrative action.



Charitable Gaming Division  
 101 E. Hillsdale, Box 30023  
 Lansing, Michigan 48909  
 (517) 335-5786  
 www.michigan.gov/cg

# BINGO MASTER CONTROL SHEET

Organization Name	Completed By	License Number	Event Date
-------------------	--------------	----------------	------------

	Verifi. Slip Number	Adm. or Adm. Cards	Reg. Hard Cards	# Books \$_____	# Books \$_____	# Books \$_____	# Books \$_____	# Books \$_____	Total Sales		Verifi. Slip Number	Adm. or Adm. Cards	Reg. Hard Cards	# Books \$_____	# Books \$_____	# Books \$_____	# Books \$_____	# Books \$_____	Total Sales
129									151										
130									152										
131									153										
132									154										
133									155										
134									156										
135									157										
136									158										
137									159										
138									160										
139									161										
140									162										
141									163										
142									164										
143									165										
144									166										
145									167										
146									168										
147									169										
148									170										
149									171										
150									172										
Totals										Totals									

COMPLETION: Required.  
 PENALTY: Failure to complete this form  
 may result in administrative action.  
 BSL-CG-1625D(R4/06)



Charitable Gaming Division  
 101 E. Hillsdale, Box 30023  
 Lansing, Michigan 48909  
 (517) 335-5786  
 www.michigan.gov/cg

# BINGO MASTER CONTROL SHEET

Organization Name	Completed By	License Number	Event Date
-------------------	--------------	----------------	------------

	Verifi. Slip Number	Adm. or Adm. Cards	Reg. Hard Cards	# Books \$_____	# Books \$_____	# Books \$_____	# Books \$_____	# Books \$_____	Total Sales		Verifi. Slip Number	Adm. or Adm. Cards	Reg. Hard Cards	# Books \$_____	# Books \$_____	# Books \$_____	# Books \$_____	# Books \$_____	Total Sales
173									195										
174									196										
175									197										
176									198										
177									199										
178									200										
179									201										
180									202										
181									203										
182									204										
183									205										
184									206										
185									207										
186									208										
187									209										
188									210										
189									211										
190									212										
191									213										
192									214										
193									215										
194									216										
Totals										Totals									

COMPLETION: Required.  
 PENALTY: Failure to complete this form  
 may result in administrative action.



Charitable Gaming Division  
 101 E. Hillsdale, Box 30023  
 Lansing, Michigan 48909  
 (517) 335-5786  
 www.michigan.gov/cg

# BINGO MASTER CONTROL SHEET

Organization Name	Completed By	License Number	Event Date
-------------------	--------------	----------------	------------

	Verifi. Slip Number	Adm. or Adm. Cards	Reg. Hard Cards	# Books \$_____	# Books \$_____	# Books \$_____	# Books \$_____	# Books \$_____	Total Sales		Verifi. Slip Number	Adm. or Adm. Cards	Reg. Hard Cards	# Books \$_____	# Books \$_____	# Books \$_____	# Books \$_____	# Books \$_____	Total Sales
217									239										
218									240										
219									241										
220									242										
221									243										
222									244										
223									245										
224									246										
225									247										
226									248										
227									249										
228									250										
229									251										
230									252										
231									253										
232									254										
233									255										
234									256										
235									257										
236									258										
237									259										
238									260										
Totals										Totals									

COMPLETION: Required.  
 PENALTY: Failure to complete this form  
 may result in administrative action.





Charitable Gaming Division  
 101 E. Hillsdale, Box 30023  
 Lansing, Michigan 48909  
 (517) 335-5786  
 www.michigan.gov/cg

# DISPOSABLE BINGO CARD ACCOUNTABILITY

Organization Name	Completed By	License Number	Event Date
-------------------	--------------	----------------	------------

## FLOOR SALES

Worker's Name	Color 1							Color 2						
	Out	In	No. Sold	Price	Sales	Cash In	Cash Over/Short	Out	In	No. Sold	Price	Sales	Cash In	Cash Over/Short
Totals														

Worker's Name	Color 3							Color 4						
	Out	In	No. Sold	Price	Sales	Cash In	Cash Over/Short	Out	In	No. Sold	Price	Sales	Cash In	Cash Over/Short
Totals														

## DOOR SALES

Type/Color of Card	Out	In	No. Sold	Price	Sales	Cash In	Cash Over/Short
Totals							

	Total Sales
Floor - Color 1	
Floor - Color 2	
Floor - Color 3	
Floor - Color 4	
Total Page 2	
Door Sales	
Total Sales*	

\* Enter this amount on the Bingo Weekly Cash Accountability forms.

COMPLETION: Required.  
 PENALTY: Failure to complete this form may result in administrative action.

**FLOOR SALES (continued)**

Worker's Name	Color 5							Color 6						
	Out	In	No. Sold	Price	Sales	Cash In	Cash Over/Short	Out	In	No. Sold	Price	Sales	Cash In	Cash Over/Short
Totals														

Worker's Name	Color 7							Color 8						
	Out	In	No. Sold	Price	Sales	Cash In	Cash Over/Short	Out	In	No. Sold	Price	Sales	Cash In	Cash Over/Short
Totals														

Worker's Name	Color 9							Color 10						
	Out	In	No. Sold	Price	Sales	Cash In	Cash Over/Short	Out	In	No. Sold	Price	Sales	Cash In	Cash Over/Short
Totals														

Worker's Name	Color 11						
	Out	In	No. Sold	Price	Sales	Cash In	Cash Over/Short
Totals							

	Total Sales
Floor - Color 5	
Floor - Color 6	
Floor - Color 7	
Floor - Color 8	
Floor - Color 9	
Floor - Color 10	
Floor - Color 11	
Floor - Color 12	
Total Page 2	

Worker's Name	Color 12						
	Out	In	No. Sold	Price	Sales	Cash In	Cash Over/Short
Totals							



Charitable Gaming Division  
 101 E. Hillsdale, Box 30023  
 Lansing, Michigan 48909  
 (517) 335-5786  
 www.michigan.gov/cg

# MICHIGAN PROGRESSIVE JACKPOT BINGO GAME

Organization Name	Completed By	License Number	Event Date
-------------------	--------------	----------------	------------

**SALES** (No discounting)

Worker's Name	Type/Color	Out	In	No. Sold	Price	Sales	Cash In	Cash Over/Short
DOOR								
DOOR								
Totals						*		

\*Enter this amount on the Bingo Weekly Cash Accountability form.

**PRIZE ACCOUNTABILITY**

- 1. Fifty (50) percent of total sales \$ \_\_\_\_\_
- 2. Prior occasion's progressive jackpot prize + \$ \_\_\_\_\_
- 3. Progressive jackpot prize or amount carried forward = \$ \_\_\_\_\_
- 4. Number of calls required to win progressive jackpot \_\_\_\_\_
- 5. If progressive jackpot prize awarded, enter check number \_\_\_\_\_
- 6. Consolation prize awarded \$ \_\_\_\_\_  
 (If paid in cash, list amount on Bingo Weekly Cash Accountability form.)

NOTE: The progressive jackpot is based on the number of sheets (cards) sold, not the amount of money collected. If a worker is short, the organization is short. You may not short the prize money.

COMPLETION: Required.  
 PENALTY: Failure to complete this form may result in administrative action.





Charitable Gaming Division  
 101 E. Hillsdale, Box 30023  
 Lansing, Michigan 48909  
 (517) 335-5786  
 www.michigan.gov/cg

# BINGO PRIZE PAYOUT LOG

Organization Name	Completed By	License Number	Event Date
Name of Players Verifying the Bingo Balls			

Games (in order played)	Number of Winners	Merchandise/ Check Prizes	Cash Prizes	Accumulated Prize Total
Totals				*

\* Enter this amount on the Bingo Weekly Cash Accountability form.

COMPLETION: Required.  
 PENALTY: Failure to complete this form may result in administrative action.



Charitable Gaming Division  
 101 E. Hillsdale, Box 30023  
 Lansing, Michigan 48909  
 (517) 335-5786  
 www.michigan.gov/cg

# BINGO COVERALL RECORD

Organization Name						Completed By						License Number			Event Date	
-------------------	--	--	--	--	--	--------------	--	--	--	--	--	----------------	--	--	------------	--

No.	1st	2nd	3rd	4th	5th	No.	1st	2nd	3rd	4th	5th	No.	1st	2nd	3rd	4th	5th
1						26						51					
2						27						52					
3						28						53					
4						29						54					
5						30						55					
6						31						56					
7						32						57					
8						33						58					
9						34						59					
10						35						60					
11						36						61					
12						37						62					
13						38						63					
14						39						64					
15						40						65					
16						41						66					
17						42						67					
18						43						68					
19						44						69					
20						45						70					
21						46						71					
22						47						72					
23						48						73					
24						49						74					
25						50						75					

COMPLETION: Voluntary.



Charitable Gaming Division  
 101 E. Hillsdale, Box 30023  
 Lansing, Michigan 48909  
 (517) 335-5786  
 www.michigan.gov/cg

# MICHIGAN PROGRESSIVE JACKPOT COVERALL RECORD

Organization Name	Completed By	License Number	Event Date
-------------------	--------------	----------------	------------

1	16	31	46	61
2	17	32	47	62
3	18	33	48	63
4	19	34	49	64
5	20	35	50	65
6	21	36	51	66
7	22	37	52	67
8	23	38	53	68
9	24	39	54	69
10	25	40	55	70
11	26	41	56	71
12	27	42	57	72
13	28	43	58	73
14	29	44	59	74
15	30	45	60	75

COMPLETION: Required.  
 PENALTY: Failure to complete this form  
 may result in administrative action.



Charitable Gaming Division  
 101 E. Hillsdale, Box 30023  
 Lansing, Michigan 48909  
 (517) 335-5786  
 www.michigan.gov/cg

# WORKERS SERVICE RECORD

Complete this form for your records. Do not mail in.

All rules governing worker compensation shall be adhered to when completing this form. Review the following rules to ensure compliance: Bingo Rule 326 and 327; Millionaire Party Rule 412 and 413; Raffle Rule 516; and Charity Game Ticket Rule 617.

Organization Name	License Number
-------------------	----------------

Signature	Print Name	Worker Title e.g., chairperson, recordkeeper, or worker	Amount Paid	Date Worked
		<b>Total</b>		

Signature of Chairperson	Date
--------------------------	------

**COMPLETION:** Required.  
**PENALTY:** Failure to complete this form may result in administrative action.





