



Raffle Results and Statement of Receipts & Expenses

Event: _____

Date raffle drawn: ____ / ____ / ____

A) Number of tickets sold	
B) Price per ticket	\$
C) Gross Income	\$
D) Expenses (excluding prizes)	\$
E) Expenses (prizes only)	\$
F) Total Expenses (D+E)	\$
G) Nett Income (C-F)	\$
H) Retail value of raffle prizes (must be minimum 20% of C)	\$

Date banked/sent to EQI: ____ / ____ / ____

Winning ticket number/s: _____

Ticket/s attached? Yes No

Winner's name/s: _____

How were winner/s notified? _____

Has winner/s claimed prize/s? Yes No

I hereby state the above to be a true and accurate record.

Signed: _____

Name: _____

Dated: ____ / ____ / ____

*Complete and return to: PO Box 1457, Coorparoo BC Qld 4151
Fax: 07 3435 5025 E: pr@epilepsyqueensland.com.au*