Township of GILLIES
A Growing Community

Name of Organization_____

Fiscal Year End_____

_____ **Principal Officer** _____
Signature **Print Name**

_____ **Principal Officer** _____
Signature **Print Name**

_____ **Principal Officer** _____
Signature **Print Name**

Receipt and use of proceeds

Bank account number: _____

***Do a separate receipt and use of proceeds for each lottery trust account.**

Date	Details	Withdrawals	Deposits	Balance
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$

Date	Details	Withdrawals	Deposits	Balance
				$
				$
				$