

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS
RAFFLE SALES RECONCILIATION FORM - STAND ALONE RAFFLE**

Organization: _____

Date of Drawing: _____

Prize(s) to be awarded: _____

Value of Prizes: _____

Ticket Price: _____

Total number of tickets printed: _____

1	2	3	4	5	6	7	8	9	10	13	11	12	14	15	16
Date Tickets Issued	Beginning Ticket Number	Ending Ticket # On Hand	# of Tickets Issued (Column 3 - 2)	Name of Seller	Seller's Initials	# of Tickets Returned	# of Tickets Sold (Column 4-7)	Expected Receipts (Column 8 x ticket price)	Actual Receipts Received	Cash Over/ Short (Column 10 - 9)	Seller's Initials	Receiver's Initials	Date Receipts Turned In	Deposit Date	Deposit Amount
Total															