

**CHARITABLE GAMES
SPECIAL TUITION RAFFLE
QUARTERLY REPORT**

SUFFIELD POLICE DEPARTMENT
Report Service
911 Mountain Road
Suffield, CT 06078
Email: kdoyon@suffieldct.gov
Web site: www.suffieldct.gov
Phone: 860-668-3381



INSTRUCTIONS:

1. An officer or administrator of the sponsoring organization must complete the report.
2. This report must be filed on a quarterly basis, by the last day of the months of January, April, July and October, for the preceding quarter ended until the tuition prize has been paid. **NOTE:** In the event an organization's Special Tuition Raffle offers multiple prizes and has multiple prize winners, a separate report must be completed for each prize winner.
3. The completed report and a copy of the organization's most recent bank statement (if applicable) for the account with the prize money must be mailed to the **Suffield Police Department, 911 Mountain Road, Suffield, CT 06078**

NAME OF ORGANIZATION				PERMIT NUMBER	
ADDRESS (No. and Street)		(City or Town)		(State)	(Zip Code)
RAFFLE DATES				TOTAL PRIZE VALUE	
COMMENCING: / /		TERMINATING: / /		\$	
NAME OF PRIZE WINNER				TELEPHONE NUMBER	
ADDRESS OF PRIZE WINNER (No. and Street)		(City or Town)		(State)	(Zip Code)

DEDICATED CHECKING ACCOUNT INFORMATION (account in which all tuition raffle proceeds were deposited and all expenses paid)					
NAME OF BANK OR LENDING INSTITUTION				TELEPHONE NUMBER	
ADDRESS (No. and Street)		(City or Town)	(State)	(Zip Code)	
				ACCOUNT NUMBER	

AGGREGATE PRIZE SECURITY (please choose one of the following)					
Certificate of Deposit with DCP named as payee		Money Market Account with DCP named as payee		Other, with approval of DCP	
NAME OF BANK OR LENDING INSTITUTION				TELEPHONE NUMBER	
ADDRESS (No. and Street)		(City or Town)	(State)	(Zip Code)	
				ACCOUNT NUMBER	

STUDENT RECIPIENTS DESIGNATED (one or more students may be designated)					
1. NAME OF STUDENT RECIPIENT (first, middle, last)				TELEPHONE NUMBER	
ADDRESS OF STUDENT RECIPIENT (No. and Street)		(City or Town)	(State)	(Zip Code)	DATE DESIGNATED
2. NAME OF STUDENT RECIPIENT (first, middle, last)				TELEPHONE NUMBER	
ADDRESS OF STUDENT RECIPIENT (No. and Street)		(City or Town)	(State)	(Zip Code)	DATE DESIGNATED
3. NAME OF STUDENT RECIPIENT (first, middle, last)				TELEPHONE NUMBER	
ADDRESS OF STUDENT RECIPIENT (No. and Street)		(City or Town)	(State)	(Zip Code)	DATE DESIGNATED

PRIZE INFORMATION (please attach a copy of the most recent bank statement addressing the activity of the prize money account)

TOTAL PRIZE DEPOSITED \$	INTEREST EARNED THIS QUARTER \$	INTEREST EARNED TO DATE (if applicable) \$
INTEREST REMITTED TO PERMITTEE THIS QUARTER \$	INTEREST REMITTED TO PERMITTEE TO DATE \$	TOTAL PRIZE AMOUNT INCLUDING INTEREST \$
UNEXPENDED PRIZE MONEY REMITTED TO PERMITTEE \$		DATE

AUTHORIZED TUITION PAYMENTS

1. EDUCATIONAL INSTITUTION		TELEPHONE NUMBER	
ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)
PAYMENT AMOUNT \$	PAYMENT DATE	STUDENT RECIPIENT	
2. EDUCATIONAL INSTITUTION		TELEPHONE NUMBER	
ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)
PAYMENT AMOUNT \$	PAYMENT DATE	STUDENT RECIPIENT	
3. EDUCATIONAL INSTITUTION		TELEPHONE NUMBER	
ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)
PAYMENT AMOUNT \$	PAYMENT DATE	STUDENT RECIPIENT	

DESCRIPTION OF OTHER ALLOWABLE EXPENSES REMITTED TO PERMITTEE	EXPENSE AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL EXPENSES	\$

PREPARER OF QUARTERLY REPORT

PRINTED NAME AND TITLE OF OFFICER OR ADMINISTRATOR	SIGNATURE OF OFFICER OR ADMINISTRATOR	DATE
---	--	-------------