

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS
ELECTRONIC GAMING/PULL-TAB DEPOSIT RECONCILIATION**

ORGANIZATION: _____

SESSION DATE(S): _____

The Game Manager must complete and sign this form at the time of reconciliation of the electronic gaming/pull-tab session(s). I certify this form is complete and accurate to the best of my knowledge.

Date Signed: _____

Printed Name: _____
Game ManagerSignature: _____
Game Manager**BEGINNING CASH ON HAND:** (Include all Cash on Hand for Electronic Gaming/Pull-Tabs)

1. a. Beginning Amount in Kiosk _____
- b. Beginning Amount in Cash Bags/POS Registers _____
- c. All Other Cash on Hand (safe/drawers/any other location) _____
- d. Total Beginning Cash on Hand (Lines 1a thru 1c) _____
2. Bank Withdrawals to Replenish Cash on Hand During Session _____

RECEIPTS: (This information can be obtained directly from your manufacturer invoice report or online portal. Records obtained to complete this form should be attached.)

3. Expected Profit for the Session:

	Manufacturer	Tickets Played \$	Prizes Paid \$	Net Profit
a.				
b.				
c.				
d.				
e.				

f. Total Net Profit for Session (Add Net Profit lines 3a thru 3e) _____

4. Prizes Paid by Check _____

CASH RECONCILED: (Attach machine receipt tickets and any Kiosk load summary reports to this session's paperwork)

5. Total Cash To Account For (Line 1d + 2 + 3f + 4) _____
6. _____

Total Cash On Hand (Count all money on hand including kiosks, cash bags, money pulled from the electronic devices, or any other cash on hand for electronic gaming/pull-tabs)

Two members of the organization must verify the count of the total cash on hand on Line 6 and initial below at the conclusion of the session below.

Member's Name	Member's Initials	Cash Count

7. Amount Withheld For Change Fund for Next Session

a. Ending Amount in Kiosk

b. Ending Amount in Cash Bags/POS Registers

c. Ending All Other Cash on Hand (safe/drawers/any other location)

d. Total Withheld as Change Fund for Next Session

(Lines 7a thru 7c)

8. Deposit To Bank

(Line 6 - Line 7d)

(Attach bank validated deposit slip to this form)

OVERAGE/SHORTAGE:

9. Overage/Shortage

(Shortage) if Line 5 is greater than Line 6.

Overage if Line 6 is greater than Line 5.

(Attach a brief explanation for variances equal or greater than \$50 to this form)

****Kiosk summary reports, gaming machines receipts and any other documentation maintained during the session(s) and that was used to assist in the completion of this form will need to be kept as part of the organization's gaming records.****