DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF CHARITABLE GAMING FLOOR SALES RECONCILIATION FORM - PAPER

| | ORGANIZATION: | | | | SESSION DATE: | | | | |
|---------------------|--------------------------------|--|---------------------------|--------|-----------------------|---------------------|---------------------|--------|------|
| | I certify this form | is complete and accurate to | the best of my knowledge. | | | | | | |
| | | | | | | | # of UNITS to START | | |
| | Signature of Cashier | | | | | | # of UNITS at END | | |
| TYPE OF PAPER/GAME: | | | | | | | # of UNITS SOLD | | |
| UNI | F OF MEASURE: | Card: | Pack: | Sheet: | | | | | |
| SAL | ES PRICE PER SINGL | E CARD/SHEET: | | SALE | S PRICE FOR MULTIPLE | SHEETS*: (ie 6/\$5) | | | |
| | | VOLUNTEER/FL | | | R WORKER PRINTED NAME | | | | |
| LINE | | | | | | | | TOTALS | LINE |
| 1. | Number of Sheets Issued | | | | | | | | 1. |
| 2. | Number of Sheets Returned | | | | | | | | 2. |
| 3. | Number of Sheets Sold (1-2) | | | | | | | | 3. |
| 4. | Gross Calculated Sales | | | | | | | | 4. |
| 5. | Multiple Sheet Adjustment | | | | | | | | 5. |
| 6. | TOTAL SALES | | | | | | | | 6. |
| 7. | Actual Cash Turned In | | | | | | | | 7. |
| 8. | Overage/ (Shortage) | | | | | | | | 8. |
| 9. | Floor Worker Initials | | | | | | | | |
| | | By Initialing the Above Block, the Floor Worker Agrees With the Cashier's Count. | | | | | | | |

Use a separate Floor Sales Reconciliation Form - Paper (Form 104-B) for each different type of paper. Add up the Total Sales (Line 6 from each sheet and carry the accumulated total to Form 103, Line 3b.)

The use of handwritten documentation during the bingo session that would assist in the completion of this form will need to be kept as part of the organization's gaming records.