Audit of Closed Game

Minnesota Lawful Gambling - Site Control - Tracking and Auditing of Pull-tab Game (LG861)

Org. name: _____ **Site name:** _____ **Box number:** [ ]

Game name: _____ **Form number:** _____ **Serial number:** _____

Initial Audit				Final Audit			
Number of winning tickets		**Winning prize amount**	**Total**	**Number of winning tickets**		**Winning prize amount**	**Total**
_____	@	$ _____	= $ _____	_____	@	$ _____	= $ _____
_____	@	$ _____	= $ _____	_____	@	$ _____	= $ _____
_____	@	$ _____	= $ _____	_____	@	$ _____	= $ _____
_____	@	$ _____	= $ _____	_____	@	$ _____	= $ _____
_____	@	$ _____	= $ _____	_____	@	$ _____	= $ _____
_____	@	$ _____	= $ _____	_____	@	$ _____	= $ _____
_____	@	$ _____	= $ _____	_____	@	$ _____	= $ _____
_____	@	$ _____	= $ _____	_____	@	$ _____	= $ _____
_____	@	$ _____	= $ _____	_____	@	$ _____	= $ _____
_____	@	$ _____	= $ _____	_____	@	$ _____	= $ _____
_____	@	$ _____	= $ _____	_____	@	$ _____	= $ _____
_____	@	$ _____	= $ _____	_____	@	$ _____	= $ _____
_____	@	$ _____	= $ _____	_____	@	$ _____	= $ _____
_____	@	$ _____	= $ _____	_____	@	$ _____	= $ _____
_____	@	$ _____	= $ _____	_____	@	$ _____	= $ _____
_____	@	$ _____	= $ _____	_____	@	$ _____	= $ _____
_____	@	$ _____	= $ _____	_____	@	$ _____	= $ _____
_____	@	$ _____	= $ _____	_____	@	$ _____	= $ _____
_____	@	$ _____	= $ _____	_____	@	$ _____	= $ _____

Total prizes paid: $ _____ **(Z)** **Total prizes paid:** $ _____ **(Z)**

	Initial Audit	Final Audit	
1. **Ideal gross receipts** (R):	$ _____	$ _____	(column G on B-2)
2. **Value of unsold tickets** (U * P):	$ _____	$ _____	(column I on B-2)
3. **Total sold** (line 1 minus line 2):	$ _____	$ _____	(column J on B-2)
4. **Actual prizes paid** (Z):	$ _____	$ _____	(column K on B-2)
5. **Net receipts** (line 3 minus line 4):	$ _____	$ _____	(column L on B-2)
6. **Actual cash profit** (page 1, line 3):	$ _____	$ _____	(column M on B-2)
7. **Cash long (or short)** (line 6 minus line 5):	$ _____	$ _____	(column N on B-2)

Initial Audit: **Signature:** _____ **Date:** _____

Final Audit: **Signature:** _____ **Date:** _____