GC-3NP PAYOUT/FILL SUMMARY

Licensee:			**Cashier Signature:**			**Shift:**	**Date:**
Date of Jackpot/Ticket	Gaming Machine #	JP Payout Fill Slip Number (GC4NP) or Authorization # (If applicable)	JP Payout Amt. or Payout Ticket Amt.	Ticket Validated (If applicable) (Y/N)	W2-G issued? (Y/N)	Verification of Winnings over $1,200 completed (Y/N)	Hopper Fill Amt. (If applicable)
Less: Payouts Paid by Check							
Total Payouts/Hoppers Fills							

Y = Yes

N = No

N/A = Not Applicable

Gaming Accountant Use Only:

Amounts Reconciled_____

Verified to IS Report_____

Tickets Verified_____

Traced to Site Controller Report_____

NEW MEXICO GAMING CONTROL BOARD
GC-3NP PAYOUT TICKET SUMMARY

Revised 01/23/2008

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