Additional Payouts Reporting Form

Licensee: _____ Date:

Fill out this form monthly and email to: racetrackaudit@nmgcb.org

In the event you are unable to email: fax to: Attention Racetrack Audit @ (505) 841-9720

Additional Payout Information							Winning Jackpot Provide original jackpot win information that made the patron eligible for the additional payout.				
Date	Time	Amount	Machine#	Voucher#	Name of Additional Payout Promotion	Winner's name	Date	Time	Machine#	Voucher #	Amount