

LICENSEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTACHMENT A

**CASHIER CAGE  
CASH INVENTORY COMPLIANCE ATTRIBUTE WORKSHEET**

A*	B*								Signatures B*			C*	
Date	Licensee Name	Date	Shift	Open/Close	Time of Count	Inventory Recap (Optional)	Math	Errors Properly Corrected	On-Coming Cashier	Off-Going Cashier	Accounting	Doc tested- No Except.	Comments
<b>Follow-Up</b>													

**Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.**

**Place an "A" in lower right corner of box if accounting did detect the non-compliance issue**

- A\* Indicate actual information.
- B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.
- C\* If no exceptions were noted, place an "X" here.

# of items reviewed (total of column A): \_\_\_\_\_  
 # of exceptions noted (items out of compliance): \_\_\_\_\_  
 # of exceptions noted at follow-up: \_\_\_\_\_

LICENSEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTACHMENT B

**CASHIER CAGE**

**DAILY CASH SUMMARY COMPLIANCE ATTRIBUTE WORKSHEET**

A*		TRACED TO SUPPORTING DOCUMENTS B*													B*			Signatures B*		C*					
Date	Shift	Cash Inv. Sheet	BV, Slot & Table Games Count	Fed/State Inc. Tax W/H	Intercepts W/H	Change Bank Check Ins & Patron Deposits	Other Misc. Receipts	JP Payouts & Hopper Fills	Ticket Payouts & Purchase Ticket Payouts	Tickets as Tips, Paid Unredeemed Tickets	Table Fills & Initial Fills	Change Bank Checkouts	Patron Withdrawals & Other Dept. Payouts	Misc. Payouts	Deposits	Lic. Name	Math	Errors Properly Corrected	Date; Shift	Cashier	Accounting	Doc tested - No Except.	Comments		
Follow-up																									

Place an ‘‘A’’ in lower right corner of box if accounting did detect the non-compliance issue

- A\* Indicate actual information.
- B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.
- C\* If no exceptions were noted, place an ‘‘X’’ here.

Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.

# of items reviewed (total of column A): \_\_\_\_\_  
 # of exceptions noted (items out of compliance): \_\_\_\_\_  
 # of exceptions noted at follow-up: \_\_\_\_\_



LICENSEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ATTACHMENT C

**SLOT MACHINES  
JACKPOT PAYOUT/FILL SLIP - SLOTS COMPLIANCE ATTRIBUTE WORKSHEET**

A*		B*												SIGNATURES B*						B*	C*				
Date	Slip#	Lic. Name	Xaction Type	Time	Shift	Mach#	Coins Played	W-2G	Gsmble Intercept	Denom	Amt. by xaction properly indicated	All 3 Copies Match	Sequence of Slips Proper	If Void Correct?	Cash. on all 3	Patron if \$1200 >	Ver.	Slot Emp. on all 3	Large JP App	Reel Set	Meters	Doc. Tested & No Exceptions	Comments		
Follow-up																									

**Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.**

Place an "A" in lower right corner of the box if accounting did detect the non-compliance issue

A\* Indicate actual information.

B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.

C\* If no exceptions were noted, place an "X" here.

# of items reviewed (total of column A): \_\_\_\_\_

# of exceptions noted (items out of compliance): \_\_\_\_\_

# of exceptions noted at follow-up: \_\_\_\_\_

\_\_\_\_\_  
January 31, 2014



LICENSEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ATTACHMENT E

**DROP AND COUNT  
BILL VALIDATOR SUMMARY COMPLIANCE ATTRIBUTE WORKSHEET**

A*	B*												SIGNATURES B*						C*			
Count Date	Gaming Date	Beg Time	End Time	Grand Total Dollar Amt	Lic. Name	Mach #	Mach Denom	Dollar Amts by Denom	Total Dollar Amt	Total Ticket /Coup Amt	Count/ Sort Test Compl	Errors Prop. Corr.	Count Team Leader	Count Opener	Count Recorder	Acct. Review Sig.	Cert. by Team Lead	Cert. by Cash	Sig. of Testers Bill/TITO	Doc. tested – no exceptions	Comments	
<b>Follow - up</b>																						

**Place an “A” in lower right corner of box if accounting did detect the non-compliance issue**

- A\* Indicate actual information.
- B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.
- C\* If no exceptions were noted, place an "X" here.

**Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.**

# of items reviewed (total of column A): \_\_\_\_\_

# of exceptions noted (items out of compliance): \_\_\_\_\_

# of exceptions noted at follow-up: \_\_\_\_\_



LICENSEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTACHMENT G

**SLOT MACHINES**

**METER READING SUMMARY COMPLIANCE ATTRIBUTE WORKSHEET**

A*		COMPLETED PROPERLY?																	SIGNATURES		OTHER	C*			
		B*																	B*		B*				
Date	Time	Lic Name	Mach #	Coin-In	Coin-Out	Coin Drop	Bill In	Attd Pd Jackpot	Attd Pd Prog Payout	Attd Pd CC	Mach Pd Prog Payout	Voucher Out	Voucher In	CEP-in	NCEP -In	NCEP -Out	Mach Pd Exter Bonus	Attd Pd Exter Bonus	Meter Reader	Acct. Review	Errors Prop. Correct	Doc Tested - no excep	Comments		
<b>Follow-Up</b>																									

Place an “A” in lower right corner of box if accounting did detect the non-compliance issue

A\* Indicate actual information.

B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.

C\* If no exceptions were noted, place an "X" here.

Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.

# of items reviewed (total of column A): \_\_\_\_\_

# of exceptions noted (items out of compliance): \_\_\_\_\_

# of exceptions noted at follow-up: \_\_\_\_\_



LICENSEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTACHMENT I

**TABLE GAMES  
SOFT COUNT CARD COMPLIANCE ATTRIBUTE WORKSHEET**

A*			COUNT CARD COMPLETED PROPERLY? B*							OTHER B*			C*	
Date	Table #	Shift	Lic. Name	Game	# of Chips by Denom	Dollar Amount by Denom	Coupons indicated on card	Tickets/Mobile ATM Receipts on card	Grand Total	Addition	Errors Properly Corrected	Rec. Sig.	Doc. Tested & no Exception	Comments
Follow-up														

**Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.**

**Place an “A” in lower right corner of the box if accounting did detect the non-compliance issue**

A\* Indicate actual information.

B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.

C\* If no exceptions were noted, place an "X" here.

# of items reviewed (total of column A): \_\_\_\_\_

# of exceptions noted (items out of compliance): \_\_\_\_\_

# of exceptions noted at follow-up: \_\_\_\_\_



NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ATTACHMENT K

**TABLE GAMES  
FILL/CREDIT SLIP COMPLIANCE ATTRIBUTE WORKSHEET**

A*		SLIP IS PROPERLY COMPLETED B*										OTHER B*			SIGNATURES B*				C*	Comments		
Date	Slip #	F/C Checked	Lic. Name	Date	Time	Shift	Game	Table #	\$ Amt by Denom	Grand Total	If Void-Correct?	Req. Agrees to F/C Slip?	All 3 Copies Match?	Addition	Top Signer on white	Runner on all 3	Cashier on all 3	Dealer on white	Doc Tested - No Excep			
Follow-up																						

**Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.**

**Place an "A" in lower right corner of box if accounting did detect non-compliance issue**

A\* Indicate actual information.  
 B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.  
 C\* If no exceptions were noted, place an "X" here.

# of items reviewed (total of column A): \_\_\_\_\_  
 # of exceptions noted (items out of compliance): \_\_\_\_\_  
 # of exceptions noted at follow-up: \_\_\_\_\_

LICENSEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**TABLE GAMES  
OPENER/CLOSER COMPLIANCE ATTRIBUTE WORKSHEET**

A*		SLIP IS PROPERLY COMPLETED B*							OTHER B*					SIGNATURES B*		C*	
Date	Slip#	Open/ Close	Lic. Name	Time	Game Descrip	Table No.	Dollar Amt. by Denom	Grand Total	Errors corrected properly	Voided Correctly (if applic.)	Opener agrees to prev closer	Closer agrees to sub opener	Addition correct	Off- Going Top Signer or Dealer <sup>1</sup>	On- Coming Top Signer or Dealer	Doc. Tested & No Exceptions	Comments
Follow- Up																	

<sup>1</sup> At the beginning of the day shift and the closing of the swing shift, the opener/closer inventory form may be signed by the off-going pit supervisor and either the on-coming pit supervisor or another licensed employee.

**Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.**

**Place an “A” in lower right corner of the box if accounting did detect the non-compliance issue**

A\* Indicate actual information.  
 B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.  
 C\* If no exceptions were noted, place an "X" here.

# of items reviewed (total of column A): \_\_\_\_\_  
 # of exceptions noted (items out of compliance): \_\_\_\_\_  
 # of exceptions noted at follow-up: \_\_\_\_\_











LICENSEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTACHMENT P

A\* Indicate actual information.

B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.

C\* If no exceptions were noted, place an "X" here.

**Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.**

# of items reviewed (total of column A): \_\_\_\_\_

# of exceptions noted (items out of compliance): \_\_\_\_\_

# of exceptions noted at follow-up: \_\_\_\_\_

\_\_\_\_\_  
January 31, 2014

LICENSEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTACHMENT R

### ACCOUNTING

### Jackpot Report Variance Investigations and Explanations Compliance Attribute Worksheet

A*				Accounting & Slots B*						Variance Explanations B*		C*	Comments
Gaming Date for Jackpot Report	Date Jackpot Report Created	Date Accounting Sent Variances To Slots	Date Slots Returned Var Investigations To Accounting	Forward to Slot Dept. in a timely manner?	Returned To Acct Dept. in a timely manner?	Acct. identified all variances of 1% & \$10?	Slots investigated all variances sent by Acct.?	Repetitive Variances Identified?	Repetitive Variances resolved?	Procedures used to investigate variance documented?	Result of investigation documented?	Doc. Tested With No Exception	
Follow-Up													

A\* Indicate actual information.  
 B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.  
 C\* If no exceptions were noted, place an "X" here.

**Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.**

# of items reviewed (total of column A): \_\_\_\_\_  
 # of exceptions noted (items out of compliance): \_\_\_\_\_  
 # of exceptions noted at follow-up: \_\_\_\_\_

LICENSEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTACHMENT R

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- A\* Indicate actual information.
- B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.
- C\* If no exceptions were noted, place an "X" here.

**Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.**

# of items reviewed (total of column A): \_\_\_\_\_  
# of exceptions noted (items out of compliance): \_\_\_\_\_  
# of exceptions noted at follow-up: \_\_\_\_\_

LICENSEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ATTACHMENT S

**ACCOUNTING**

**Ticket Out Variance Investigations and Explanations Compliance Attribute Worksheet**

A*				Accounting & Slots B*						Variance Explanations B*		C*	Comments
Gaming Date for Report	Date Report Created	Date Accounting Sent Variances To Slots	Date Slots Returned Var Investigations To Accounting	Forward to Slot Dept. in a timely manner?	Returned To Acct Dept. in a timely manner?	Acct. identified all variances of 1% & \$10?	Slots investigated all variances sent by Acct.?	Repetitive Variances Identified?	Repetitive Variances resolved?	Procedures used to investigate variance documented?	Result of investigation documented?	Doc. Tested With No Exception	
Follow-Up													

**Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.**

- A\* Indicate actual information.
- B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.
- C\* If no exceptions were noted, place an "X" here.

# of items reviewed (total of column A): \_\_\_\_\_  
 # of exceptions noted (items out of compliance): \_\_\_\_\_  
 # of exceptions noted at follow-up: \_\_\_\_\_

LICENSEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTACHMENT S

A\* Indicate actual information.

B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.

C\* If no exceptions were noted, place an "X" here.

**Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.**

# of items reviewed (total of column A): \_\_\_\_\_

# of exceptions noted (items out of compliance): \_\_\_\_\_

# of exceptions noted at follow-up: \_\_\_\_\_

\_\_\_\_\_  
January 31, 2014

LICENSEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ATTACHMENT T

**ACCOUNTING  
Ticket In Variance Investigations and Explanations Compliance Attribute Worksheet**

A*				Accounting & Slots B*						Variance Explanations B*		C*	Comments
Gaming Date for Report	Date Report Created	Date Accounting Sent Variances To Slots	Date Slots Returned Var Investigations To Accounting	Forward to Slot Dept. in a timely manner?	Returned To Acct Dept. in a timely manner?	Acct. identified all variances of 1% & \$10?	Slots investigated all variances sent by Acct.?	Repetitive Variances Identified?	Repetitive Variances resolved?	Procedures used to investigate variance documented?	Result of investigation documented?	Doc. Tested With No Exception	
Follow-Up													

Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.

- A\* Indicate actual information.
- B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.
- C\* If no exceptions were noted, place an "X" here.

# of items reviewed (total of column A): \_\_\_\_\_

# of exceptions noted (items out of compliance): \_\_\_\_\_

# of exceptions noted at follow-up: \_\_\_\_\_

LICENSEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTACHMENT T

A\* Indicate actual information.

B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.

C\* If no exceptions were noted, place an "X" here.

**Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.**

# of items reviewed (total of column A): \_\_\_\_\_

# of exceptions noted (items out of compliance): \_\_\_\_\_

# of exceptions noted at follow-up: \_\_\_\_\_

\_\_\_\_\_  
January 31, 2014

**ACCOUNTING**

**Theoretical Hold Report Variance Investigations and Explanations Compliance Attribute Worksheet**

A*				Accounting & Slots B*						Variance Explanations B*		C*	Comments
Gaming Month for Hold Report	Date Hold Report Created	Date Accounting Sent Variances To Slots	Date Slots Returned Var Investigations To Accounting	Forward to Slot Dept. in a timely manner?	Returned To Acct Dept. in a timely manner?	Acct. identified all variances according to accounting plan?	Slots investigated all variances sent by Acct.?	Repetitive Variances Identified?	Repetitive Variances resolved?	Procedures used to investigate variance documented?	Result of investigation documented?	Doc. Tested With No Exception	
Follow-Up													

A\* Indicate actual information.  
 B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.  
 C\* If no exceptions were noted, place an "X" here.

**Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.**

# of items reviewed (total of column A): \_\_\_\_\_  
 # of exceptions noted (items out of compliance): \_\_\_\_\_  
 # of exceptions noted at follow-up: \_\_\_\_\_



LICENSEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**TABLE GAMES  
 MASTER GAMES SHEET COMPLIANCE ATTRIBUTE WORKSHEET**

A*		TRACED TO SUPPORTING DOCUMENTS B*					B*				SIGNATURES B*								B*						C*					
Date Counted	Shift	Closers	Drop	Credit	Fills	Openers	Lic. Name	Math	Drop Incl Coup	AGP	Rec	TL	TM	TM	Cash	Ver	Tester 1	Tester 2	Gaming Date	Table #'s	Beg. Time	Acctg. use	Count/sort Test Compl.	Drop Agrees to DCS	ALL amounts agree to MGSR	Error Correc Proper	Doc Tested- No Except.	Comments		
Follow-Up																														

Place an ‘‘A’’ in lower right corner of the box if accounting did detect the non-compliance issue

- A\* Indicate actual information.
- B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.
- C\* If no exceptions were noted, place an ‘‘X’’ here.

Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.

# of items reviewed (total of column A): \_\_\_\_\_  
 # of exceptions noted (items out of compliance): \_\_\_\_\_  
 # of exceptions noted at follow-up: \_\_\_\_\_

LICENSEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ATTACHMENT W

**DROP AND COUNT  
KIOSK COUNT SUMMARY COMPLIANCE ATTRIBUTE WORKSHEET**

A*	B*												SIGNATURES						C*					
	Count Date	Gaming Date	Beg Time	End Time	Grand Total Dollar Amt	Lic. Name	Mach #	Mach Denom	Dollar Amts by Denom	Total Dollar Amt	Total Ticket /Coup Amt	Count/ Sort Test Compl.	Errors Prop. Corr.	Count Team Leader	Count Opener	Count Recorder	Acct. Review Sig.	Cert. by Team Lead.		Cert. By Cash	Sig. of Testers Bill / TITO	Doc. tested - no exceptions	Comments	
<b>Follow-up</b>																								

Place an "A" in lower right corner of box if accounting did detect the non-compliance issue

- A\* Indicate actual information.
- B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.
- C\* If no exceptions were noted, place an "X" here.

**Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.**

# of items reviewed (total of column A): \_\_\_\_\_

# of exceptions noted (items out of compliance): \_\_\_\_\_

# of exceptions noted at follow-up: \_\_\_\_\_







LICENSEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**POKER  
POKER BANK EXCHANGE FORM COMPLIANCE ATTRIBUTE WORKSHEET**

A*	B*									C*
Date	Licensee Name	Date	Bank #	Time	Amt. from Poker (Math)	Amt. To Poker (Math)	Top Signer Signature	Runner Signature	Cashier Signature	Doc. Tested No Except.

Place an "A" in lower right corner of box if accounting did detect the non-compliance issue

A\* Indicate actual information

B\* If attribute is present no indication is necessary, checkmark indicates non-compliance

C\* If no exceptions were noted place an "X" here.

Note: Count one slip/form as an item. If more than one attribute slip/form is out of compliance, only count it as one item out of c

# of items reviewed (total column A):

# of exceptions noted (items out of compliance):

January 31, 2014

# of exceptions noted at follow-up:

**Attachment a**

<b>Comments</b>

on the  
compliance.

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LICENSEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**ACCOUNTING  
MONTHLY SLOT REVENUE SUMMARY REPORT COMPLIANCE ATTRIBUTE WORKSHEET**

A*		B*													C*	Comments	
Date	Licensee Name	Report Period Date	Prepared Date	Prepared by	Reviewed/Approved Date	All denoms on floor are on report.	Coin-in ties to Theo Hold Rpt.	Drop ties to Drop Compare Rpt.	TKT Drop ties to TK Compare Rpt.	E-Drop ties to CEP-In plus NCEP-In Comp. Rpts.	Handpay ties to JP Compare Rpt.	Fills tie to Theo Hold Rpt.	TKTS Redmd ties to TKTS Redmd by Issuing Mch Rpt.	NCEP Credit Activity Out ties to NCEP-Out Comp. Rpt.	HPR Adj has adq. Support		Doc. Tested No Except.

Place an "A" in lower right corner of box if accounting did detect the non-compliance issue

Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.

A\* Indicate actual information

B\* If attribute is present no indication is necessary, checkmark indicates non-compliance

C\* If no exceptions were noted place an "X" here.

# of items reviewed (total column A): \_\_\_\_\_

# of exceptions noted (items out of compliance): \_\_\_\_\_

# of exceptions noted at follow-up: \_\_\_\_\_

LICENSEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**ACCOUNTING**

**TABLE GAMES MASTER GAMES SUMMARY REPORT COMPLIANCE ATTRIBUTE WORKSHEET**

A*		B*										
Date	Licensee Name	Game	Day	Closers	Drops	Credits	Openers	Fills	Hand Paid Jp	Net Win	Hold %	Math to Tax Return

Place an "A" in lower right corner of box if accounting did detect the non-compliance issue

Note:Count one slip/form as an item. If more than one attribute on slip/form is out of compliance, only count it as one item out of comp

A\* Indicate actual information

B\* If attribute is present no indication is necessary, checkmark indicates non-compliance

C\* If no exceptions were noted place an "X" here.

January 31, 2014

# of items reviewed (total column A):

# of exceptions noted (items out of compliance):

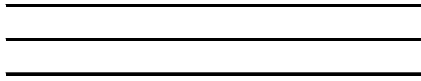
# of exceptions noted at follow-up:

Attachment c

\_\_\_\_\_

C*	
Doc. Tested No Except.	Comments

the  
pliance.



LICENSEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**ACCOUNTING  
TABLE GAMES STATISTICAL REPORT COMPLIANCE ATTRIBUTE WORKSHEET**

A*	B*								C*	
Date	Licensee Name	Game Type	MTD Drop	MTD AGP	Hold %	Hold% Variance Identified	Expected Hold Defined in WAP	Variance Explanation Adequate	Doc. Tested No Except.	Comments

Place an "A" in lower right corner of box if accounting did detect the non-compliance issue

Note:Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.

A\* Indicate actual information

B\* If attribute is present no indication is necessary, checkmark indicates non-compliance

# of items reviewed (total column A): \_\_\_\_\_

C\* If no exceptions were noted place an "X" here.

---

January 31, 2014

# of exceptions noted (items out of compliance):

# of exceptions noted at follow-up:



LICENSEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**TABLE GAMES  
TABLE GAMES ACTIVITY LOG COMPLIANCE ATTRIBUTE WORKSHEET**

A*	B*								C*
Date	Licensee Name	Date	Game Type	Table #	Time	Shift	Pit Boss	Event	Doc. Tested No Except.

Place an "A" in lower right corner of box if accounting did detect the non-compliance issue

Note: Count one slip/form as an item. If more than one slip/form is out of compliance, only count it as one item.

A\* Indicate actual information

B\* If attribute is present no indication is necessary, checkmark indicates non-compliance

C\* If no exceptions were noted place an "X" here.

# of items reviewed (total column A):

# of exceptions noted (items out of compliance):

January 31, 2014

# of exceptions noted at follow-up:

**Attachment e**

<b>Comments</b>

an one attribute on the  
ne item out of compliance.

\_\_\_\_\_

:

\_\_\_\_\_





LICENSEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTACHMENT *f*

A\* Indicate actual information.

B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.

C\* If no exceptions were noted, place an "X" here.

**Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.**

# of items reviewed (total of column A): \_\_\_\_\_

# of exceptions noted (items out of compliance): \_\_\_\_\_

# of exceptions noted at follow-up: \_\_\_\_\_

\_\_\_\_\_  
January 31, 2014

LICENSEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTACHMENT g

**ACCOUNTING**

**Non-Cashable Electronic Promotional In (NCEP-In) Report Variance Investigations and Explanations Compliance Attribute Worksheet**

A*				Accounting & Slots B*						Variance Explanations B*		C*	Comments
Gaming Date for NCEP-In Report	Date NCEP-In Report Created	Date Accounting Sent Variances To Slots	Date Slots Returned Var Investigations To Accounting	Forward to Slot Dept. in a timely manner?	Returned To Acct Dept. in a timely manner?	Acct. identified all variances of 1% & \$10?	Slots investigated all variances sent by Acct.?	Repetitive Variances Identified?	Repetitive Variances resolved?	Procedures used to investigate variance documented?	Result of investigation documented?	Doc. Tested With No Exception	
Follow-Up													

**Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.**

A\* Indicate actual information.

B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.

C\* If no exceptions were noted, place an "X" here.

# of items reviewed (total of column A): \_\_\_\_\_

# of exceptions noted (items out of compliance): \_\_\_\_\_

# of exceptions noted at follow-up: \_\_\_\_\_

LICENSEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTACHMENT *g*

A\* Indicate actual information.

B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.

C\* If no exceptions were noted, place an "X" here.

**Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.**

# of items reviewed (total of column A): \_\_\_\_\_

# of exceptions noted (items out of compliance): \_\_\_\_\_

# of exceptions noted at follow-up: \_\_\_\_\_

\_\_\_\_\_  
January 31, 2014



LICENSEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTACHMENT *h*

**ACCOUNTING**

**Non-Cashable Electronic Promotion Out (NCEP-Out) Report Variance Investigations and Explanations Compliance Attribute Worksheet**

A*				Accounting & Slots B*						Variance Explanations B*		C*	Comments
Gaming Date for NCEP-Out Report	Date NCEP-Out Report Created	Date Accounting Sent Variances To Slots	Date Slots Returned Var Investigations To Accounting	Forward to Slot Dept. in a timely manner?	Returned To Acct Dept. in a timely manner?	Acct. identified all variances of 1% & \$10?	Slots investigated all variances sent by Acct.?	Repetitive Variances Identified?	Repetitive Variances resolved?	Procedures used to investigate variance documented?	Result of investigation documented?	Doc. Tested With No Exception	
Follow-Up													

**Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.**

- A\* Indicate actual information.
- B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.
- C\* If no exceptions were noted, place an "X" here.

# of items reviewed (total of column A): \_\_\_\_\_  
 # of exceptions noted (items out of compliance): \_\_\_\_\_  
 # of exceptions noted at follow-up: \_\_\_\_\_

LICENSEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTACHMENT *h*

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- A\* Indicate actual information.
- B\* If attribute is present, no indication is necessary; checkmarks indicate non-compliance.
- C\* If no exceptions were noted, place an "X" here.

**Note: Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.**

# of items reviewed (total of column A): \_\_\_\_\_  
# of exceptions noted (items out of compliance): \_\_\_\_\_  
# of exceptions noted at follow-up: \_\_\_\_\_