



**TWENTY-ONE DAILY REPORT**  
NORTH DAKOTA OFFICE OF ATTORNEY GENERAL  
GAMING DIVISION  
SFN 50079 (8-2023)

Organization	Site	Date
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CASH BANK						CASINO CHIP BANK					
Denomination	Starting Cash		Ending Cash			Denomination	STARTING		ENDING		Chips Redeemed
							Quantity	Value	Quantity	Value	
Other						\$100					(D)
\$20						\$25					
\$10						\$5					
\$5						\$2					
\$1						\$1					
Change						\$0.50					Difference In Chip Bank (F - E)
Checks											
IOU											
TOTAL	(A)		(B)		(C) Difference (A - B)		TOTAL	(E)	TOTAL	(F)	(G)
	Cashier	Verified By	Cashier	Verified By	Chips Redeemed - Cash Bank Difference (D - C)		Cashier	Verified By	Cashier	Verified By	
	Count Team	Count Team	Count Team	Count Team			Count Team	Count Team	Count Team	Count Team	

TWENTY-ONE GROSS PROCEEDS, PRIZES, & ADJUSTED GROSS PROCEEDS		CASH PROFIT AND BANK DEPOSIT		CASH LONG (SHORT)	
1. Gross Proceeds - Crop Box Cash (Total of all L's)		6. Total Ending Cash (B)		11. Cash Profit (Loss) (Line 9)	
2. Chips Awarded (Total of all K's)		7. Drop Box Cash (Line 1)	+	12. Adjusted Gross Proceeds (Line 5)	—
3. Chip Bank Difference (G)	+ / -	8. Total Starting Cash (A)	—	13. Cash Long (Short)	
4. Total Prizes (2 +/- 3)	—	9. Cash Profit (Loss)		Summary Completed By and Date	
5. Adjusted Gross Proceeds (1 - 4)		10. Deposit Amount		Summary Audited By and Date	

TWENTY-ONE - TABLE 1			TWENTY-ONE - TABLE 2			TWENTY-ONE - TABLE 3		
FILL SLIP #		FILL AMOUNT	FILL SLIP #		FILL AMOUNT	FILL SLIP #		FILL AMOUNT
TOTAL		(H)	TOTAL		(H)	TOTAL		(H)
CREDIT SLIP #		CREDIT AMOUNT	CREDIT SLIP #		CREDIT AMOUNT	CREDIT SLIP #		CREDIT AMOUNT
TOTAL		(J)	TOTAL		(J)	TOTAL		(J)
Chips Awarded (H - J)		(K)	Chips Awarded (H - J)		(K)	Chips Awarded (H - J)		(K)
TWENTY-ONE DROP BOX CASH TABLE 1			TWENTY-ONE DROP BOX CASH TABLE 2			TWENTY-ONE DROP BOX CASH TABLE 3		
Other			Other			Other		
\$20			\$20			\$20		
\$10			\$10			\$10		
\$5			\$5			\$5		
\$1			\$1			\$1		
TOTAL		(L)	TOTAL		(L)	TOTAL		(L)
Count Team		Count Team	Count Team		Count Team	Count Team		Count Team
Date		Date	Date		Date	Date		Date
SURVEILLANCE REVIEW - TABLE 1			SURVEILLANCE REVIEW - TABLE 2			SURVEILLANCE REVIEW - TABLE 3		
Recording Properly	Initials	Comments	Recording Properly	Initials	Comments	Recording Properly	Initials	Comments
<input type="checkbox"/> Yes			<input type="checkbox"/> Yes			<input type="checkbox"/> Yes		
<input type="checkbox"/> No			<input type="checkbox"/> No			<input type="checkbox"/> No		