



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					
Denomination	Starting Cash		Ending Cash		
Other					
\$20					
\$10					
\$5					
\$1					
Change					
Checks					
IOU					
TOTAL	(A)		(B)		
	Cashier	Verified By	Cashier	Verified By	Chips Redeemed - Cash Bank Difference (D - C)
	Count Team	Count Team	Count Team	Count Team	

CASINO CHIP BANK					
Denomination	STARTING		ENDING		Chips Redeemed
	Quantity	Value	Quantity	Value	
\$100					(D)
\$25					
\$5					
\$2					
\$1					
\$0.50					Difference In Chip Bank (F - E)
	TOTAL	(E)	TOTAL	(F)	(G)
	Cashier	Verified By	Cashier	Verified By	
	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 - Drop 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		