

OKLAHOMA HORSE RACING COMMISSION

BREAKAGE SUBMISSION FORM

Track: _____ Date of Check: _____
 Total Check Amount: _____ Check Number: _____
 Time Period Covered: _____ through _____

Signature of Person Submitting Check: _____

Instructions:

Please use one form for each check submitted. This form must be completed and submitted with each check. Designate one line for each payment type.

Race Date	Breakage	Amount				Simulcast (v Check One)	Live
		Total (Must Equal TB+QH+PT&APP)	TB	QH	PT&APP		

OHRC Use Only	
Received Date: _____	Received By: _____
Accounting: _____	Date: _____
Deposit #: _____	Date: _____
Claims: _____	Date: _____