

OKLAHOMA HORSE RACING COMMISSION

UNCLAIMED TICKETS 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.

Mutuel Tickets Issued Between:	Unclaimed Tickets	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: _____