

OKLAHOMA HORSE RACING COMMISSION

**GAMING REVENUE 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 day.

Gaming Date	Gaming Revenue	Amount			
		Total (Must Equal TB+QH+PT&APP)	TB	QH	PT&APP

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

**Deposit Definition:** Title 3A, OS, Section 263. Effective dates 01/01/2010.

RP	TB	50%
	QH	45%
	PTS/APPS	5%

WRD	TB	50%
	QH	45%
	PTS/APPS	5%

Prior to 01/01/2010, see Title 3A, OS, Section 263.