

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: _____	Received By: _____
Accounting: _____	Date: _____
Deposit #: _____	Date: _____
Claims: _____	Date: _____