STATE OF NEW MEXICO

GAMING CONTROL BOARD

GC-19NP ADDITIONAL PAYOUT REPORTING

Licensee: _____ License #: _____ Date: _____

Fill out this form monthly and email to: GCB-racetrackaudit@state.nm.us
In the event you are unable to email, fax to: Attention Audit @ (505) 841-9720

Attach copy of qualifying jackpot receipt and documentation proving the payment of the additional payout. The detailed jackpot receipts/documentation listed below on additional payout and qualifying initial jackpots won will be reviewed by the assigned auditor.

Additional Payout Information							Winning (Initial Qualifying) Jackpot Provide original jackpot win information that made the patron eligible for the additional payout.				
Date	Time	Amount	Machine #	Voucher #	Name of Additional Payout Promotion	Winner's name	Date	Time	Machine #	Voucher #	Amount