



**GAMBLING CONTROL UNIT
GAMES OF CHANCE
MONTHLY REPORT FOR DISTRIBUTOR
MGCU – 6200**

1. This report is for the month of _____ year _____

2. Name of Licensee: _____

**3. List below those organizations receiving implements of Games of Chance from your firm:
(PLEASE INCLUDE A COPY OF ALL INVOICES WITH THIS REPORT)**

DATE	ORGANIZATION	CITY OF ORG.	ITEMS SUPPLIED	QUANTITY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. I warrant the truth of this statement and all attached pages on penalty of perjury.

Signed: _____ Date: _____

Print Name: _____ Title: _____

NOTE: If more space is needed, attach additional signed pages