

Casino Name: _____
 Game Date: _____

Auditor: _____

Day Closed: Check if Yes Carded Wager: _____
 Date Closed: _____ Promo Total: _____
 Internal Audit Complete: Drop Total: _____
 Expired Tickets: _____
 Jackpot Count: _____
 Jackpot Total: _____

Internal Audit Completed on: _____

Audit	No	N/A
Machine Movement	<input type="checkbox"/>	<input type="checkbox"/>
Meter Audit	<input type="checkbox"/>	<input type="checkbox"/>
Voucher Out Audit	<input type="checkbox"/>	<input type="checkbox"/>
Hand Pay Audit	<input type="checkbox"/>	<input type="checkbox"/>
Voucher In Audit	<input type="checkbox"/>	<input type="checkbox"/>
Soft Count Audit	<input type="checkbox"/>	<input type="checkbox"/>

Analysis	No	N/A
Net Win Analysis	<input type="checkbox"/>	<input type="checkbox"/>

	No	N/A	Comments
Cardedwager Saved	<input type="checkbox"/>	<input type="checkbox"/>	_____
Daily Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Variance Investigation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Status Report	<input type="checkbox"/>	<input type="checkbox"/>	_____
Month To Date Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	_____

Accountability	No	N/A	Comments
Accounting System Posting			
Analytical Slot Information	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Ledger Slot Information	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flash Report			
Printed/Saved	<input type="checkbox"/>	<input type="checkbox"/>	_____
Published/Emailed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Daily Exception Report			
Completed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Provided to Management	<input type="checkbox"/>	<input type="checkbox"/>	_____
Daily Audit Packet			
Completed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Saved for Audit/Review	<input type="checkbox"/>	<input type="checkbox"/>	_____