

Mail To:
VDACS, Office of Charitable and
Regulatory Programs
P. O. Box 1163
Richmond, VA 23218



FORM 302
ANNUAL
SUPPLIER/MANUFACTURER
SALES &
TRANSACTION REPORT

REPORT YEAR

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS
ANNUAL SUPPLIER/MANUFACTURER SALES AND TRANSACTION REPORT**

GENERAL INSTRUCTIONS

1. Each supplier and/or manufacturers of electronic games of chance systems providing gaming supplies and equipment to organizations within the Commonwealth of Virginia is required to submit an annual report by March 1st for the preceding calendar year.
2. The report must include all transactions during the report year (*i.e.*, all the items, supplies, equipment, goods or services given, provided, sold, returned, or rented).
3. Serial numbers of instant bingo and pull tab deals, seal cards, and merchandise boards are not required with the Report, but must be retained and available when needed.
4. Please refer to the website (www.vdacs.virginia.gov/gaming/forms.shtml#supplier) for the preferred format.

SUPPLIER OR MANUFACTURER OF ELECTRONIC GAMES OF CHANCE SYSTEMS INFORMATION

Company Name: _____ OCRP #: _____

D/B/A: _____

Headquarters Address: _____

City: _____ State: _____ Zip: _____

Company Telephone: _____ E-Mail Address: _____

Contact Person Name: _____

Daytime Telephone: _____ Fax No: _____

ATTEST STATEMENT

(Complete and Sign)

I, _____, representing _____

Name Company Name

do hereby swear or affirm that the data, information, figures and statements shown in this report and on attached statements and in the files provided on computer disks with this report are correct to the best of my knowledge, information and belief.

Signature

Title

Date

☐ Check this box if no sales were made within the Commonwealth of Virginia during the calendar year.

ORGANIZATION INFORMATION

In accordance with Section 18.2-340.34 of the Charitable Gaming Statute, Code of Virginia, the following information is requested for all transactions of supplies, equipment, services, electronic devices sales and electronic games of chance systems to each organization in the Commonwealth:

Please provide the following transaction data information in columns on an Excel spreadsheet computer file. Please use a separate column for each transaction data item.

An example is located on our website www.vdacs.virginia.gov/gaming/forms.shtml#supplier

TRANSACTIONS OF ELECTRONIC DEVICES AND ELECTRONIC GAMES OF CHANCE SYSTEMS (Electronic Pull Tabs) TO EACH ORGANIZATION:

- A. Customer # - Number assigned by Supplier for this customer
- B. OCRP# - Office of Charitable and Regulatory Programs Number - If the organization does not have a current permit from the OCRP, the supplier is required to have on file a copy of the statement required by 11 VAC 15-40-120(C)(1) of the Charitable Gaming Supplier Regulations.
- C. Name of Organization
- D. Address 1 - Physical Address of Organization (Street Address)
- E. Address 2 - Mailing Address if different from Physical Address
- F. City
- G. State
- H. Zip Code
- I. Account Type **(B)** Bingo/Charitable Gaming Supplies or **(S)** Instant, pull-tabs for use in Social Quarters only
- J. Session Start Date & Time
- K. Session End Date & Time
- L. Quantity Shipped - Number of electronic units rented
- M. Equipment - Description of Equipment Given, Provided, Sold or Rented
- N. Electronic Bingo - Price per Electronic Bingo Device
- O. Electronic Pull Tab - Name of the Deal
- P. Electronic Pull Tab - Form Number
- Q. Electronic Pull Tab - Ticket Price
- R. Electronic Pull Tab - Number of Tickets in a Deal
- S. Electronic Pull Tab - Number of Free Tickets in a Deal
- T. Electronic Pull Tab - Cash Take in for the Deal
- U. Electronic Pull-Tab - Cash Payout for the Deal
- V. Electronic Pull Tab - Number of Tickets Sold
- W. Electronic Pull Tab - Ticket Sales for the Deal
- X. Electronic Pull Tab - Number of Voided Transactions
- Y. Electronic Pull Tab - Dollar Value of Voided Transactions
- Z. Electronic Pull Tab - Number of Prizes Paid
- AA. Electronic Pull Tab - Prizes Paid for the Deal

**TRANSACTIONS OF ELECTRONIC DEVICES AND ELECTRONIC GAMES OF CHANCE SYSTEMS
(Electronic Pull Tabs) TO EACH ORGANIZATION:**

- A. Customer # - Number assigned by Supplier/Manufacturer for this customer
- B. OCRP# - Office of Charitable and Regulatory Programs Number - If the organization does not have a current permit from the OCRP, the supplier is required to have on file a copy of the statement required by 11 VAC 15-31-20(1) of the Charitable Gaming Supplier Regulations.
- C. Name of Organization
- D. Address 1 - Physical Address of Organization (Street Address)
- E. Address 2 - Mailing Address if different from Physical Address
- F. City
- G. State
- H. Zip Code
- I. Account Type (**B**) Bingo Operations or (**S**) Social Quarters Operations
- J. Invoice Number
- K. Invoice Date
- L. Invoice Total
- M. Invoice Line Amount
- N. Quantity Shipped - Number of units shipped
- O. Miscellaneous Supplies - Description of Miscellaneous Supplies, Goods or Services Given, Provided, Sold or Rented
- P. Equipment - Description of Equipment Given, Provided, Sold or Rented
- Q. Electronic Bingo - Price per Electronic Bingo Unit
- R. Bingo Paper - Description of Paper, Series #, Type, Color, Serial #, etc.
- S. Bingo Paper - Number of Sheets or Packs in a Unit
- T. Bingo Paper # On - Number of faces on a Sheet
- U. Bingo Paper # Up - Number of Sheets in a Pack
- V. Instant Bingo - Name of the Deal
- W. Instant Bingo - Form Number
- X. Instant Bingo - Ticket Price
- Y. Instant Bingo - Number of Tickets in a Deal
- Z. Instant Bingo - Number of Free Tickets in a Deal
- AA. Instant Bingo - Cash Take in for the Deal
- AB. Instant Bingo - Cash Payout for the Deal

CHECKLIST FOR THIS REPORT

1. Is the Office of Charitable and Regulatory Programs number shown for each organization?
2. Are all transaction included for each organization?
3. Are credits, returns, and no charge items clearly identified on this report?
4. Are transactions to organizations with bingo operations and private social quarters separated into two accounts?
5. Is each transaction data item reported in a separate column? For instance, Item A data would be in Column A.
6. Are all department-approved electronic medium devices included with the report?
7. Does the department-approved electronic medium device contain all transactions for the reporting period?
8. Are the department-approved electronic medium devices readable?
9. Has this report been signed by an authorized person?

[THE SUPPLIER TRANSACTION REPORTING FORMAT](#) IS ON OUR WEBSITE

www.vdacs.virginia.gov/gaming/forms.shtml#supplier