

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 gaming/pull-tab devices 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 (<https://www.vdacs.virginia.gov/services-forms.shtml>) for the preferred format.

SUPPLIER OR MANUFACTURER OF ELECTRONIC GAMING/PULL-TAB DEVICE 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 to organizations 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 gaming/pull-tab devices 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 at <https://www.vdacs.virginia.gov/services-forms.shtml>

TRANSACTIONS OF ELECTRONIC GAMING/PULL-TAB DEVICES TO EACH ORGANIZATION:

- A. Customer # - Number assigned by Supplier for this customer
- B. OCRP# - Office of Charitable and Regulatory Programs Number
- 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. Date Activated
- J. Date Ended
- K. Name of Deal
- L. Serial Number
- M. Ticket Price
- N. Number of Tickets in the Deal
- O. Number of Free Tickets in the Deal
- P. Total Take-in for the Deal
- Q. Number of Prizes in the Deal
- R. Total Dollar Amount of Prizes in the Deal
- S. Number of Tickets Played
- T. Dollar Value of Tickets Played
- U. Number of Prizes Paid
- V. Dollar Value of Prizes Paid
- W. Number of Tickets Voided
- X. Dollar Value of Voided Tickets
- Y. Number of Prizes Voided
- Z. Dollar Value of Voided Prizes

TRANSACTIONS OF BINGO PAPER, INSTANT BINGO/PULL-TABS/SEAL CARDS, AND MISCELLANEOUS SALES TO EACH ORGANIZATION:

- A. Customer # - Number assigned by Supplier/Manufacturer for this customer
- B. OCRP# - Office of Charitable and Regulatory Programs Number
- 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. Bingo Paper - Description of Paper, Series #, Type, Color, Serial #, etc.
- R. Bingo Paper - Number of Sheets or Packs in a Unit
- S. Bingo Paper # On - Number of faces on a Sheet
- T. Bingo Paper # Up - Number of Sheets in a Pack
- U. Instant Bingo - Name of the Deal
- V. Instant Bingo - Form Number
- W. Instant Bingo - Ticket Price
- X. Instant Bingo - Number of Tickets in a Deal
- Y. Instant Bingo - Number of Free Tickets in a Deal
- Z. Instant Bingo - Cash Take in for the Deal
- AA. Instant Bingo - Cash Payout for the Deal

TRANSACTIONS OF ELECTRONIC BINGO DEVICE SALES TO EACH ORGANIZATION:

- A. Customer # - Number assigned by Supplier/Manufacturer for this customer
- B. OCRP# - Office of Charitable and Regulatory Programs Number
- 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
- L. Session Date
- M. Session Start Time
- N. Session End Time
- O. Item Description
- P. Price per Item
- Q. Number of Sales per Item
- R. Dollar Value of Sales per Item
- S. Number of Voids per Item
- T. Dollar Value of Voids per Item
- U. Dollar Value of Net Sales per Item
- V. Dollar Value of Session Sales for all Items

CHECKLIST FOR THIS REPORT

1. Is the Office of Charitable and Regulatory Programs number shown for each organization?
2. Are all transactions 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

<https://www.vdacs.virginia.gov/services-forms.shtml>