

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF
CHARITABLE AND REGULATORY PROGRAMS
ELECTRONIC DEVICE PAYMENT VOUCHER**

Who must file	Any charitable gaming organization with electronic device audit and administrative fees that will not be paid by their Manufacturer. Verify with your Manufacturer that they are not submitting fees on your behalf before completing this form.
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Where to File	The completed 102V including a check for fees due, should be mailed to: VDACS, OCRP PO Box 526 Richmond, VA 23218
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When to File	Period	Quarter Ending	Due Date
	First Quarter	March 31st	June 1st
	Second Quarter	June 30th	September 1st
	Third Quarter	September 30th	December 1st
	Fourth Quarter	December 31st	March 1st
	Annual	December 31 st	March 15th

Instructions for Completing Form Fields

IDENTIFY QUARTER AND FISCAL YEAR	
Quarter	Mark an X in the block of the appropriate quarter for the quarterly financial information you are submitting.
Calendar Year	Enter the four-digit calendar year for the quarterly report you are submitting.

ORGANIZATION INFORMATION	
Organization Name	Fill in the official name of the organization as shown on the Charitable Gaming Permit.
OCRCP No.	Provide the organization's 2-5 digit Office of Charitable and Regulatory Programs (OCRCP) number.
Mailing Address	Provide complete mailing address of record, including city, state, and zip code.
Business Phone	Provide the organization's telephone number.
E-Mail	Provide an e-mail address for the organization or contact person.
Contact Person	Provide the full name of the individual the OCRCP should contact if questions arise regarding this financial report.
Daytime Phone	Provide the daytime phone number of the contact person.

VOUCHER INFORMATION

Indicate which manufacturer(s) the organization used for their electronic devices during the period.

Line 1	Electronic Device Instant Bingo, Seal Cards, Pull Tab Ticket Sales – Enter the total gross receipts for all electronic device ticket sales (electronic instant bingo, seal card, and pull tabs).
Line 2	Electronic Device Instant Bingo, Seal Cards, Pull Tab Prizes Paid- Enter total cash prizes paid for all electronic instant bingo, seal cards, and pull tab games
Line 3	Audit and Administrative Fees Due- (Line 1-Line 2) * 0.50%
Line 4	Amount Remitted- Enter the total payment amount being remitted.