LICENSEE .....

LICENSED CLUB/HOTEL.....

GAMING MACHINE LICENCE No. .....

PREVIOUS REPORTS LAST CLEARANCE DATE .....

FORM 40

CLEARANCE DATES AND TIMES

CASH CLEARANCES REPORT FOR MONTH OF

.....

56151

CLUB/HOTEL MACHINE NUMBER	MACHINE IDENTIFICATION NUMBER	TIME / /	AM/PM	TIME / /	AM/PM	TIME / /	AM/PM	TIME / /	AM/PM	TIME / /	AM/PM	TIME / /	AM/PM	TIME / /	AM/PM	TOTAL	
TOTAL																	
GRAND TOTAL																	

Signature of Persons Completing Cash Clearances and Licence Number. (if applicable)

*	*	*	*	*	*	*	*
*	*	*	*	*	*	*	*
*	*	*	*	*	*	*	*

* I hereby certify that the recordings made on the date for which my signature appears, are correct in all details.

SAMPLE

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