



**NORTH CAROLINA EDUCATION LOTTERY
RETAILER REQUEST FOR ADJUSTMENT**

Document *For Lottery use*
Number:

After you have completed this form, tear off the pink and blue copies for your records and mail the remaining copies to the North Carolina Education Lottery:

North Carolina Education Lottery
Retailer Services Department
P.O. Box 41606
Raleigh, NC 27629-1606

ALL REQUESTS FOR ADJUSTMENTS MUST BE RECEIVED WITHIN 10 DAYS OF THE DATE THE INCIDENT OCCURRED. INCOMPLETE ADJUSTMENT FORMS WILL BE DENIED.

ATTACH HERE

Attach all misprinted tickets, reprints, playslips, sales displays, miscut tickets and receipts required for NCEL to consider the request.

**Authorized Adjustments:
Defective Instant Tickets
On-Line System/Printer Malfunctions**

Make a copy for your records

Retailer Number _____ Business Name _____

Business Address (Street, City and Zip Code) _____ Business Phone (Area Code and Number) _____
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Enter the amount you believe the Lottery owes you along with the SPECIFIC date and SPECIFIC time incident occurred.

Dollar Amount	Date error occurred (month, day, year)	Terminal type	Time error occurred	PLEASE PRINT DETAILED EXPLANATION
_____	_____	<input type="checkbox"/> Altura <input type="checkbox"/> TVM <input type="checkbox"/> Other	a.m p.m	_____
_____	_____	<input type="checkbox"/> Altura <input type="checkbox"/> TVM <input type="checkbox"/> Other	a.m p.m	_____
_____	_____	<input type="checkbox"/> Altura <input type="checkbox"/> TVM <input type="checkbox"/> Other	a.m p.m	_____
_____	_____	<input type="checkbox"/> Altura <input type="checkbox"/> TVM <input type="checkbox"/> Other	a.m p.m	_____

Your Name: (Please Print) _____ SIGN HERE: _____ DATE: _____

RETAILER SERVICES: **FOR LOTTERY USE ONLY** **BATCH #** _____

Request for adjustment was approved for \$_____ (code 400/40 (o) or 100/40 (l) less \$_____ Commission (Code 401/41 (o) or 101/41 (l) plus \$_____ postage (300/13) will show on the retailer statement effective w/e _____. Other – see comment below

Request for adjustment was denied for \$_____ (see explanation below)

Insufficient documentation submitted Not submitted in a timely manner Other – see note below

Processed by: _____ Date: _____ Approved by: _____ Date: _____

RETAIL ACCOUNTING:

Entered: _____ Verified: _____ Approved: _____
 Initials Date Initials Date Initials Date

Comments: _____

NOTE: Make a copy of the completed document and ticket(s) and retain for your records.