



RETAILER REQUEST FOR ADJUSTMENT

After you have completed this form, make a copy for your records, and send original to: Mississippi Lottery Corporation Retailer Services Department P.O. Box 321433 Flowood, MS 39232

INSTRUCTIONS:

At the time of the terminal malfunction please remember to:

- Print a sales display - Also report down terminals to IGT at 1-866-234-7533, option 3
- Reprint of last play - Reprint of last transaction

Report all requests for adjustment to Retailer Services at 1-866-234-7533, option 2.

All adjustments must be received within 7 days of the date incident occurred. Incomplete adjustment forms will be denied.

Attach all torn/ misprinted tickets and documentation required to receive credit for terminal errors or ticket problems

AUTHORIZED ADJUSTMENTS:

Defective Instant Tickets | On-line System/ Printer Malfunctions

RETAILER INFO:

1. RETAILER NUMBER: _____ 2. BUSINESS NAME: _____

3. BUSINESS ADDRESS: _____ 4. BUSINESS PHONE: _____

CLAIM INFO:

Enter the Claim amount along with the SPECIFIC date and SPECIFIC time incident occurred. Complete one adjustment form per incident date.

5. DOLLAR AMOUNT: \$ _____ 6. DATE OF INCIDENT: _____ 7. TIME OF INCIDENT: _____ AM / PM

8. PLEASE PRINT DETAILED EXPLANATION: _____

9. WERE THE MISPRINTED PLAYS RE-RUN FOR THE PLAYER? Yes No

10. YOUR NAME: _____ 11. SIGNATURE: _____ 12. DATE: _____

RETAILER SERVICES:

FOR LOTTERY USE ONLY

THIS REQUEST FOR ADJUSTMENT HAS BEEN APPROVED FOR \$ _____ EFFECTIVE W/E _____

AND WILL SHOW ON YOUR STATEMENT AS A: Debit/Credit Miscellaneous Credit Credit/Debit - Commission \$ _____

THIS REQUEST FOR ADJUSTMENT HAS BEEN DENIED FOR \$ _____

SEE EXPLANATION: Insufficient Documentation Submitted See Attached Sheet

APPROVED BY: _____ DATE: _____ No Call Log No Attachments

FINANCIAL SERVICES:

FOR LOTTERY USE ONLY

APPROVED BY: _____ DATE: _____

ENTERED: _____ DATE: _____
(INITIALS)

ADJUSTMENT CODE: _____

COMMENTS: _____