FORM 3-425
7/99

TEXAS LOTTERY COMMISSION
INVENTORY RECAP AND VERIFICATION

DATE:________________________ PAGE ________________________

ORGANIZATION NAME:____

TXP#:________________________ PREPARER'S NAME:________________________

SERIES NUMBER	SERIAL NUMBER	# ON / # UP	BALANCE PER DISPOSABLE CARD SALES SUMMARY	ACTUAL COUNT OF CARDS ON HAND	DIFFERENCE OVER(SHORT)