	QUARTERLY LOG REPORT FORMAT	Page No.	Page 1 of 1
		Form No.	GLDD – 1017
		Revision No.	1
		Effectivity	September 1, 2019

Supplier's Name: _____

Storage Facility Location: _____

Storage Facility Administrator:

Period Covered:		**January – March**		**April – June**		**July - September**

Use this form to log all the activities of the gaming equipment and paraphernalia stored at the Registered Supplier's storage facility. This form should be submitted to GLDD not later than the 10th day of the succeeding quarter month (i.e., April, July and October). ***EGM Spare parts for may not be included in the inventory****. Use additional sheets if necessary.*

DATE OF STORAGE	PAGCOR INVENTORY TAG NUMBER	MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	TYPE OF EQUIPMENT	DESCRIPTION	MOVEMENT (Please fill out the applicable column only)			
						DATE OF IMPORTATION	DATE SHIPPED OUT	DATE PULLED OUT	LAST LOCATION INSTALLED