



STATE OF MICHIGAN  
 TERRI LYNN LAND, SECRETARY OF STATE  
 DEPARTMENT OF STATE  
 LANSING

**SAMPLE**

**STATEWIDE OPTICAL SCAN VOTING SYSTEM  
 RECEIPT/ACCEPTANCE FORM**

COUNTY \_\_\_\_\_ JURISDICTION \_\_\_\_\_

VENDOR \_\_\_\_\_

APPROVED NUMBER OF PRECINCT TABULATORS \_\_\_\_\_

APPROVED NUMBER OF AVCB TABULATORS \_\_\_\_\_

COUNTY/JURISDICTION EMS SOFTWARE \_\_\_\_\_

DELIVERY DATE \_\_\_\_\_

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

ACCEPTANCE DATE \_\_\_\_\_

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Note: By signing this form you are verifying that you have received the quantity of tabulators listed above and have successfully completed acceptance testing for each tabulator. If a quantity is listed for "EMS SOFTWARE," you are verifying that you have received Election Management System software from your vendor. Acceptance Testing for EMS software has been handled at the State level for each vendor. Jurisdictions must submit this form directly to the Bureau of Elections once *all* tabulators have been tested successfully. Send completed forms to:

Sherry Barrett  
 Bureau of Elections  
 P.O. Box 20126  
 Lansing, MI 48901-0726

Questions regarding testing procedures should be directed to Tom Luitje, Bureau of Elections, at (517) 241-2541 or by e-mail at [LuitjeT@Michigan.gov](mailto:LuitjeT@Michigan.gov); or Sue McRill at (517) 202-3503.