

COMMONWEALTH OF VIRGINIA  
 STATE CORPORATION COMMISSION  
 BUREAU OF FINANCIAL INSTITUTIONS  
 TRANSACTION REPORT OF MONEY ORDER SELLERS AND MONEY TRANSMITTERS  
 FOR THE QUARTER ENDING JUNE 30, 2018

Licensee's Name and Mailing Address

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Licensee's Federal Identification  
 Number (FIN):

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Licensee's E-mail Address:

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License Number in Virginia: MO- \_\_\_\_\_

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Provide the following information with respect to business conducted pursuant to the Virginia Money Order Sales and Money Transmission Services Act for the quarter ending June 30, 2018 (Virginia business only), **rounded to the nearest dollar**:

Month	Total Dollar Sales of Money Orders	Total Dollar Sales of Money Transmission Services*
1. April		
2. May		
3. June		
<b>4. Total For Period</b>		

The undersigned certifies that the facts outlined in this report are true and that he/she has been duly authorized to file the report.

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Date

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Signature

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Telephone Number

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Print Name and Title

**\*Includes stored value and bill payment transactions.**