

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION
BUREAU OF FINANCIAL INSTITUTIONS
TRANSACTION REPORT OF MONEY ORDER SELLERS AND MONEY TRANSMITTERS
FOR THE QUARTER ENDING DECEMBER 31, 2011

Licensee's Name and Mailing Address

Licensee's Federal Identification Number (FIN): _____

Licensee's E-mail Address (if any): _____

License Number in Virginia: MO-_____

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 December 31, 2011 (Virginia business only):

Month	Total Dollar Sales of Money Orders	Total Dollar Sales of Money Transmission Services*
1. October	_____	_____
2. November	_____	_____
3. December	_____	_____
4. Total For Period	_____	_____

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

Date

Signature

Telephone Number

Print Name and Title

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