

COMMONLY REQUESTED EXAMINATION DOCUMENTS  
MONEY TRANSMITTER

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To facilitate an examination of your institution, please be prepared to provide the following commonly requested documents. This list is preliminary and additional information requests specific to your company's business model should be expected. Exhibits provided as part of the examination may lead to additional questions and requests.

<b>FINANCIAL INFORMATION</b>	
1.	Sales Volume Report – Complete <i>Attachment 1</i>
2.	Describe in detail how the Average Daily Outstanding Money Transmission calculation is determined with the calculation as of <b>(DATE)</b> . Additionally, provide a system generated report containing the total amount of funds received by the licensee or any authorized delegate that have not been paid to the beneficiary as of <b>(DATE)</b> .
3.	Most recent independent audit report (if not already previously submitted), including: <ul style="list-style-type: none"><li>• the independent audit engagement letter;</li><li>• the auditor's management letter; and</li><li>• management's response letter to the audit.</li></ul>
4.	Year-end general ledger that includes the mapping of the GL accounts to the audited financial statements.
5.	Most recent quarter-end interim financial statement. Also provide quarter-end general ledger with the mapping of the GL accounts to the quarter-end financial statements.
6.	Copy of the budget or projected financial statements / pro-forma statements.
7.	Prepare a reconciliation of Total Shareholders' Equity from the most recent interim financial statement to the audited financial statement.
8.	Schedule of aged agent receivables as of most recent interim financial date, indicating the days past due.
9.	Schedule of aged accounts receivable as of most recent interim financial date, indicating the days past due.
10.	Copy of Accounts Receivable and Agent Receivable write-off policy.
11.	Copy of Investment Policy.
12.	Investment Portfolio Reports – Provide: <ul style="list-style-type: none"><li>• a report of investment portfolio holdings as of most recent interim financial date</li><li>• a list of each third party providing investment management services. If this item is applicable, provide each agreement between the licensee and the third party.</li></ul>
13.	A detailed list of all borrowing and/or lending arrangements, funded and unfunded. The list should include, at a minimum, loan amount, interest rate, term, date of borrowing, brief description of collateral, name of lender, and relationship to licensee, etc.
14.	Is the licensee a guarantor on any liabilities of affiliates? If so, provide a copy of inter-corporate cross guarantees of liabilities agreements.
15.	Provide a listing of all domestic and/or foreign bank accounts titled in the licensee's name. <u>Include</u> : <ul style="list-style-type: none"><li>• bank name, city, and state and account number</li><li>• identify all account signors on each of the accounts as well as those who have online access capabilities</li><li>• identify the currency denomination (USD, Euro, MX Peso, CAD) for each account</li><li>• identify the purpose / use of each account (Operations, FBO, etc.)</li></ul>

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16.	A recap of bank account reconcilements; detail what bank accounts have been reconciled, how often bank accounts are reconciled, date of the last reconcilements, who conducted the bank account reconciliations, who reviewed the bank account reconciliations, identify which bank accounts are out of balance or bank accounts that cannot be reconciled.
17.	Provide copies of policies and procedures to manage unclaimed funds and the most recent unclaimed funds report for the states of New Hampshire
18.	Copies of the Work papers and source documents to support the figures submitted on the company's most recent files NH Annual Report.

**MANAGEMENT**

19.	General Information Sheet – <i>Attachment 2</i> .
20.	List all services offered as well as a copy of your fee schedule for the services offered. Also provide a summary of any new products or services expected to commence within the next six months. Include how the licensee will report the volume of these transactions, account for outstanding liabilities and maintain adequate permissible investments and surety bond requirements.
21.	Corporate History: Write or attach a brief history of the licensee. Describe the origin of the company, changes in the corporate structure and/or ownership, and the present scope of operation.
22.	Corporate Organizational Chart: Please provide an organizational chart of parents, subsidiaries, and affiliates.
23.	Functional Chain of Command Organizational Chart / Personnel Organizational Chart.
24.	Listing of directors, senior management and major shareholders -those individuals, companies, LLCs or partnerships, owning more than 9.99% of the outstanding stock - <i>Attachment 3</i> .
25.	Management Succession Plan.
26.	Operations Resume: Describe in detail the flow of operation from receipt of customer's funds (agents' operation), printing of payment instruments if applicable, delivery of beneficiary funds, to receiving agent deposits or final collections. Basically, describe how a transaction flows from start to finish.
27.	Provide a list of all policies and procedures specific to licensed money transmission activity.
28.	Written Information Security Program - GLBA 501(b). This includes all information technology and information security related policies and procedures pertaining to: data and physical security, passwords; encryption of files; virus protection; physical access controls; and back-up procedures. Also provide the name and title of the person responsible for the information security program.
29.	Management Services Agreement(s) between licensee and any affiliates and a detailed description of the services provided under the agreement(s).
30.	List of material third party service providers. A sample will be selected for due diligence review.
31.	Vendor management policies and procedures.
32.	The Disaster Recovery and Business Continuity Plan (DR&BCP) – <i>Attachment 4</i> . Also, provide a copy of the DR&BCP, testing schedules and the results of such test(s).

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33.	Corporate minutes and committee (Compliance, Audit, IT) minutes during the examination period
34.	Internal Audit Reports. Provide the internal audit schedule as well as a list of internal audits that have been performed in the review period.
35.	Copy of any Internal Revenue Service (Title 31) examination reports and related correspondence during the review period, including management's response.
36.	Copy of any enforcement action(s), administrative actions, written agreements, etc. issued by any local, state or federal agency and all relating correspondence to such action during the examination period.
37.	A listing of any material litigation, pending or settled, against the company. Also provide details of any settlements and anticipated liability on pending litigation
38.	Copy of any Complaint and Error Resolutions Policy and a list of any consumer complaints filed concerning NH consumers during the review, including unresolved matters. Include the complainant's name, address, date of complaint, issue, source of the complaint (i.e. Better Business Bureau, New Hampshire Banking Department, etc.), and resolution.
39.	A copy of each type of payment instrument and a copy of the transmission / wire transfer receipt used in the state of New Hampshire. As applicable, also include a copy of the prepayment disclosures provided for remittance transfers.
40.	Customer Privacy policy/Procedures utilized to keep customer information confidential.
41.	If confidentiality agreements are in use, provide a sample copy and itemize the persons required to execute them.
42.	A list of any business insurance policies maintained (i.e. comprehensive, liability, property, etc.) to include type, coverage amount, deductible and insurance carrier.
43.	A list of all states that have performed, or are planning to perform, a money transmitter examination (onsite or offsite) and the dates of those examinations, as well as a list of any examinations performed by a federal agency (such as the Internal Revenue Service, etc.) during the examination period.
44.	Management Action Plan (MAP) or audit tracking report for monitoring the resolution of internal and external audits, independent review.

<b>BSA / AML / USA PATRIOT ACT / OFAC RECORDKEEPING</b>	
45.	Money Transmission database file(s) – see <i>Attachment 5</i> .
46.	Monetary Instrument transaction database file(s) – see <i>Attachment 6</i> .
47.	The most recent and previous MSB Registration (FinCEN Form 107).
48.	Anti-Money Laundering (AML) program. (31 CFR 1022.210)
49.	The two most recent independent AML reviews as well as the engagement letter for the most recent independent review.
50.	Know Your Customer Program (KYC), <u>if not</u> included in the AML program.
51.	OFAC policy, <u>if not</u> included in the AML program.

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52.	Corporate AML Internal Risk Assessment.
53.	A list of countries transmitting to.
54.	Procedures for sending funds to high risk countries, if not included in the AML program.
55.	Procedures utilized for identifying and reporting suspicious activity, <u>if not</u> included in the AML program.
56.	A listing of your internal business rules used to monitor for suspicious or fraudulent activity and a listing of monitoring reports generated for review of such activity.
57.	Documentation which supports employee and management BSA/AML training. Provide attendance sheets or login sheets, dates of training, agenda of training session, materials used in the training. session, etc.
58.	List all employees who have not completed training within the last 12 months.
59.	Provide the BSA ID for all NH CTRs filed during the review period. <b>A sample will be selected for review onsite.</b>
60.	Provide the BSA ID for all NH SARs filed during the review period. <b>A sample will be selected for review onsite.</b>
61.	The total number of SARs and CTRs filed for each of the last two calendar years and during the current interim period company-wide for New Hampshire. Please provide the counts by year and interim period.
62.	Copies of any FBARs filed during the review period, as well as any proof of filing. Provide a list of all accounts included in the FBAR(s).
63.	Do the licensee's business operations entail the physical transport of cash across the U.S. border? If so, provide copies of any CMIR / FinCEN Form 105 – Report of International Transportation of Currency or Monetary Instruments. (31 CFR 1010.340)
64.	314(b) Registration and FinCEN acknowledgments during the review period – Voluntary Information Sharing Among Financial Institutions. (31 CFR 1010.540) Provide related policies and procedures if not already included in the AML Program.

**AUTHORIZED DELEGATES**

AD-1	Provide your policies addressing delegate selection criteria, delegate operations, and delegate loss prevention.
AD-2	Blank copy of the authorized delegate contract or delegate trust agreement. If different contract versions are utilized for different services, provide a copy of each.
AD-3	List all terminated or closed delegates during the review period, along with the date of closure.
AD-4	Agent listing and information required by 31 CFR 1022.380(d).
AD-5	List of current authorized delegates by volume in <b>Excel format</b> as of <b>(DATE)</b> . Please include the following fields: Agent ID, Agent Name, Agent Address, Telephone Number, Contact Name, Current Risk Rating, Product Code (which product the agent offers), Volume by Product for the exam review period. Please include an explanation of the product codes.
AD-6	Provide policies/procedures regarding risk rating of authorized delegates (how ratings are determined, the factors utilized, what review is required based on an authorized delegate's rating).
AD-7	List of authorized delegates who had due diligence reviews during the exam review period in Excel format. Identity the type of review (on-site, phone, mystery shopping).

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AD-8	Copies of all regulatory compliance (AML, BSA, SAR, OFAC) policies & training materials given to each authorized delegate.		
AD-9	Documentation which supports authorized delegate BSA/AML training. At a minimum, provide attendance sheets or login sheets, dates of training, agenda of training session, and materials used in the training session.		
AD-10	Confidentiality agreement authorized delegates must sign, if separate from the contract.		
AD-11	Number of locations where licensee's products and services are offered as of (DATE).		
	NH	U.S.	Worldwide
Company Owned			
Authorized Delegates			

**FOREIGN PAYING AGENTS**

FP-1	Provide your foreign paying agent policies: policies addressing agent selection criteria, on-going due diligence, and agent operations.
FP-2	List of current foreign paying agents as of (DATE) in Excel format. Include the following fields: Agent ID, Name, Address, Countries serviced, Total dollar volume of remittances paid out for the exam period of review, and Risk rating. Identify if the paying agent is a depository institution/bank.
FP-3	Provide policies/procedures regarding risk rating of foreign paying agents (how ratings are determined, the factors utilized, what review is required based on an authorized delegate's rating).
FP-4	List of foreign paying agents who had due diligence reviews during the exam period of review in Excel format. Identify the type of review (on-site, phone, mystery shopping).
FP-5	List of foreign paying agents that were terminated or closed during the review period. Provide the terminated/closed date.

**INFORMATION TECHNOLOGY (IT) AND INFORMATION SECURITY (IS)**

IT-1	IT Strategic Plans and Budgets
IT-2	IT Staff background and training (resumes and training logs)
IT-3	A copy of the engagement letter for the IT and IS audits. Identify the auditors and provide a summary of their qualifications and expertise.
IT-4	A copy of any IT and IS audits from the past 24 months.
IT-5	Vendor management documentation. This includes policies and procedures, a list of vendors and contracts, any reviews of financial statements, and audits of critical vendors performed by the licensee.
IT-6	Tracking report that shows the status of recommendations from IT and IS audits and examinations. Are IT and IS audits, issues and deficiencies presented to the Board? If so, describe the manner and frequency.
IT-7	Risk Assessment pertaining to data security - GLBA 501(b). Include the most recent summary list of IT assets.
IT-8	Access controls on the core application (database).
IT-9	Access controls on the network.

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IT-10	Any network (e.g., domain policy) report that will provide: <ul style="list-style-type: none"> <li>• password policies on the network</li> <li>• inactivity timeout</li> <li>• network audit policies</li> </ul>
IT-11	Anti-virus reports from server.
IT-12	Patch Management Reports and Policies (e.g., Microsoft Base Security Analyzer (MBSA) reports from selected servers or any other application that shows patching for Windows).
IT-13	Disaster recovery testing performed and results.
IT-14	If customers can access their accounts or initiate transactions remotely, describe the controls and authentication methods used.
IT-15	Provide policies and procedures regarding response to security breaches and reporting of security breaches where the security, confidentiality, or integrity of consumer information is compromised.

**PREPAID ACCESS**

P-1	Complete description of each prepaid card program offered.
P-2	By card, a summary of limits on initial loads, reloads, total number and volume of loads over a period, maximum card value, and number of cards per customer.
P-3	Contracts with all prepaid card issuing parties.
P-4	Cardholder agreements and fee schedules for each prepaid program.
P-5	Funds flow document for each prepaid program, beginning with the initial acceptance of funds from consumer through the spending funds from the account. Include each bank account, indicating the title and owner of each.
P-6	Program outline/configuration document between bank and program manager for each program.
P-7	Report of all card holders with negative balances as of the exam date. Fields to include are: <ul style="list-style-type: none"> <li>• Cardholder name</li> <li>• Cardholder unique identifier</li> <li>• Cardholder balance</li> </ul>
P-8	List of all prepaid accounts (separate listing for each participating state) including the following information: <ul style="list-style-type: none"> <li>• Cardholder name</li> <li>• Cardholder unique identifier</li> <li>• Total of all debits made to the card during the exam period</li> <li>• Total of all credits made to the card during the exam period</li> <li>• Cardholder enrollment date</li> <li>• Cardholder cancellation date</li> </ul> <p>Upon receipt of the above information, we will request customer files (including due diligence) and transaction histories for a selected number of prepaid card customers for each program.</p>
P-9	List of all identifying information collected regarding prepaid card customers for each prepaid card program
P-10	Prepaid fraud policies and procedures.

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P-11	List of prepaid card loads in excess of established limits.
P-12	List of blocked Merchant Category Codes (MCCs) and blocked Country Codes.

<b>FOREIGN EXCHANGE</b>	
FX-1	Pre-trading Know Your Customer policies and procedures.
FX-2	Trading or trade capture policies and procedures for foreign exchange spot and forward contracts.
FX-3	Information process flow of trading details.
FX-4	Location of where trades are performed (on-site only or remotely). Provide remote trading policies and procedures, if applicable.
FX-5	Amounts traders are allowed to offer per customer relationship (detail if varies by customer), and related policies and procedures.
FX-6	Limits set for each trader per currency and in the aggregate.
FX-7	Policies and procedures for reporting exceptions to management.
FX-8	Line of communication for processing incoming confirmations (accounting staff and/or sales and trading personnel).
FX-9	Policies and procedures for confirming terms and conditions such as trade date, amount, currency, payee, payment date, payee's bank, and licensee's counter party to match those in the spot or forward contract.
FX-10	Frequency of outgoing confirmations with counter parties for completed trades.
FX-11	Policies and procedures for posting of transactions and overall settlement procedures.
FX-12	Frequency subsidiary records for trading contracts are reconciled with the general ledger control accounts.
FX-13	Frequency customer liability ledgers are reconciled to subsidiary control accounts and respective subsidiary ledgers.
FX-14	Frequency independent revaluations of foreign exchange positions are performed using rates from reliable sources.
FX-15	Policies and procedures for review of trader positions by management.
FX-16	Reviews conducted (type and frequency) to set risks based on limits set for trading, foreign exchange positions, and liquidity. Address whether these are applied to all offices, subsidiaries and affiliates.

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**ATTACHMENT 1**

*Sales Volume & Outstanding Instruments and Transmissions*

	<year>		< year>		< interim date>	
	Total (\$)	Total (#)	Total (\$)	Total (#)	Total (\$)	Total (#)
<b>Money Orders</b>						
New Hampshire Volume	\$		\$		\$	
U. S. Volume	\$		\$		\$	
New Hampshire Outstandings*	\$		\$		\$	
Total Outstandings*	\$		\$		\$	
<b>Transmissions</b>						
New Hampshire Volume**	\$		\$		\$	
U. S. Volume	\$		\$		\$	
New Hampshire Outstandings*	\$		\$		\$	
Total Outstandings*	\$		\$		\$	
<b>Travelers Checks</b>						
New Hampshire Volume	\$		\$		\$	
U. S. Volume	\$		\$		\$	
New Hampshire Outstandings*	\$		\$		\$	
Total Outstandings*	\$		\$		\$	
<b>Other Instruments</b> <i>(drafts; gift certificates; checks, pre-paid access etc.)</i>						
New Hampshire Volume**	\$		\$		\$	
U. S. Volume	\$		\$		\$	
New Hampshire Outstanding*	\$		\$		\$	
Total Outstandings*	\$		\$		\$	

\* Total Outstandings should be reported as of the end of the period indicated.

\*\* Online transactions should be reported as volume to the resident state of the sender/originator.



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**ATTACHMENT 2**

*General Information*

<b>Licensee Name:</b>	
<b>Licensee Address:</b>	
<b>License #:</b>	
<b>Date Licensed:</b>	
<b>Name of Licensee's Primary Compliance Contact for Examination:</b>	
Title:	Phone #:
<b>Name of Licensee's Primary Financial/Accounting Contact for Examination:</b>	
Title:	Phone #:
<b>Name of Licensee's Primary Information Technology Contact for Examination:</b>	
Title:	Phone #:
<b>Name of Independent Auditing Firm:</b>	
Accountant in Charge:	Phone #:
Fiscal Year Ends:	
<b>Law Firm Representing Licensee:</b>	
Address:	
Counsel's Name:	Phone #:
<b>Bonding Company:</b>	
Address:	

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**ATTACHMENT 3**  
*Listing of Senior Management, Directors & Major Shareholders*

Name	Address	Title	Date <sup>(1)</sup>	% of Ownership <sup>(2)</sup>

<sup>(1)</sup> For Directors, inset date of appointment; For Officers, insert date of election.

<sup>(2)</sup> Insert % owned for each director and/or officer. List any major shareholder and percentage owned by such person or entity. Major shareholder is anybody that owns or controls more than 9.99% of the outstanding stock.

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**ATTACHMENT 4**

*Disaster Recovery and Business Continuity Plan*

OVERVIEW	
Disaster Recovery and Business Continuity Plans help prepare a license holder for disaster before one occurs. The primary goals of these plans are to protect personnel and customers, minimize damage to resources, and to resume operations as quickly as possible in an orderly, preplanned manner.	
INSTRUCTIONS	
Please answer the following information security program questions as of the date of exam noted above. The majority of the questions require only a “Yes” or “No” response; however, you are encouraged to expand or clarify any response as needed directly below each question, or at the end of each section under the heading “Clarifying or Additional Comments.” For any question deemed non-applicable to your company or if the answer is “None,” please respond accordingly (“NA” or “None”). <b>Please do not leave responses blank.</b> Please note: “NO” answers will require a written explanation from management.	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
1. Do you have an organization-wide disaster recovery and business continuity program? <b>If yes, please provide the name of your coordinator:</b>	
<input type="checkbox"/>	<input type="checkbox"/>
2. Are disaster recovery and business continuity plans based upon a business impact analyses? <b>If yes, do the plans identify recovery and processing priorities?</b>	
<input type="checkbox"/>	<input type="checkbox"/>
3. Is disaster recovery and business continuity included in your IT risk assessment?	
<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have formal agreements for an alternate processing site and equipment should the need arise to relocate operations?	
5. Estimate the distance from your main office/processing site to the alternate processing site (backup site).	
<input type="checkbox"/>	<input type="checkbox"/>
6. Do business continuity plans address procedures and priorities for returning to permanent and normal operations?	
<input type="checkbox"/>	<input type="checkbox"/>
7. Do you maintain offsite backups of critical information? <b>If yes, is the process formally documented and audited?</b>	
8. Estimate the distance from the processing site to the offsite storage location.	
<input type="checkbox"/>	<input type="checkbox"/>
9. On a separate attachment, please describe backup procedures. <ul style="list-style-type: none"> <li>a. List systems and data that are backed up.</li> <li>b. Describe the rotation schedule and backup frequency for all systems and data.</li> <li>c. Who verifies critical information is actually recorded on the backup media and ensures the data is usable?</li> <li>d. How often is backup media verified?</li> <li>e. How often is the media audited and by whom?</li> <li>f. Does the audit include an inventory of media and does the audit test to ensure the data is usable?</li> <li>g. After daily processing is complete, how long is backup media kept at the processing site before it is taken offsite (or transmitted offsite)?</li> </ul>	
<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have procedures for testing backup media at an offsite location?	
<input type="checkbox"/>	<input type="checkbox"/>
11. Have disaster recovery/business continuity plans been tested? <b>If yes, on a <u>separate attachment</u>, please list the system(s) tested, the corresponding test date, the date reported to the Board; and how often these tests are conducted.</b>	

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**ATTACHMENT 5**  
***Money Transmission Database Files***

Provide a database file of all information for money transmissions and remittances conducted during the period **<date>** to **<date>**, in a Microsoft Excel (.xl\*) file format.

- ❖ Money transmission activity less than **\$ >>>. >>** can be excluded from the database request.
- ❖ Please include the database fields that correspond to the requirements set forth below:

- 1) Transaction Number
- 2) Transaction Date
- 3) Transaction Time (for transmissions)
- 4) Transaction Amount in US dollars (for transmissions)
- 5) Amount & Type of Currency received and given (for exchanges)
- 6) Rate of Exchange (if applicable)
- 7) Transaction Fee or Commission
- 8) Customer Name
- 9) Customer Address
- 10) Customer Telephone Number (for transmissions)
- 11) Customer Social Security Number (if US citizen or permanent resident)
- 12) Passport Number or official ID Number (if alien and has no SSN)
- 13) Country of Issuance of Passport or official ID
- 14) Customer Date of Birth
- 15) Customer Photo ID Number
- 16) Customer Photo ID Type
- 17) Customer Photo ID State/Country of Issuance
- 18) Beneficiary Name (for outgoing transmissions)
- 19) Beneficiary Address (for outgoing transmissions)
- 20) Beneficiary Telephone Number (for outgoing transmissions)
- 21) Sender Name (for incoming transmissions)
- 22) Sender Address (for incoming transmissions)
- 23) Sender Telephone Number (for incoming transmissions)
- 24) Name of Person on Whose Behalf transaction conducted (if applicable)
- 25) Address of Person on Whose Behalf transaction conducted (if applicable)
- 26) FEIN or SSN of Person on Whose Behalf transaction conducted (if applicable)
- 27) Location of the Office where transaction conducted
- 28) Method of Payment (for transmissions)
- 29) Initials of Employee effecting transaction
- 30) Comments (if any of above info is stored in comments field)
- 31) The identity of the recipient's financial institution

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**ATTACHMENT 6**

***Database Files for: Money Orders, Traveler's Checks, Cashier's Checks Or Drafts***

Provide a copy of all information for Monetary Instrument Sales (bank checks and drafts, cashier's checks, money orders and traveler's checks) conducted, during the period **<date> to <date>** in a Microsoft Excel (.xl\*) file format.

- ❖ Monetary instrument sales of less than **\$ >>>. >>** can be excluded from the database request.
- ❖ Please include the database fields that correspond to the requirements set forth below:

- 1) Transaction / Receipt Number
- 2) Date of Sale
- 3) Time of Sale
- 4) Amount of Instrument Sold
- 5) Serial Number of Instrument Sold
- 6) Seller's Location Code
- 7) Seller's Name
- 8) Seller's Address

- ❖ If captured electronically at the time of or at the point of sale, please provide the additional information:

- 9) Name of the purchaser
- 10) Address of the purchaser
- 11) Social security of the purchaser or if the purchaser is an alien and does not have a social security number, the alien identification number
- 12) Date of birth of the purchaser

- ❖ Note: Please provide a list of agents/delegates authorized to issue money orders for vendor payments.