



CHECK CASHING ANNUAL REPORT

ORS ch. 697/OAR 441-755

As of Dec. 31, 20__.

Note: This report is **due by April 1** for the prior calendar year (January through December).

Name of licensee: _____ License no.: _____

License location: _____
Street City State ZIP

Complete the following information for checks cashed in the past calendar year:

The <u>total number</u> of payment instruments cashed:	
The <u>total dollar amount</u> of all payment instruments cashed:	\$
The <u>total amount of fees charged</u> for all payment instruments cashed:	\$

This report was completed by: _____ Date: _____

Phone number: _____ E-mail address: _____