



# Money Order Expense Adjustment Request

(Please Print)

(Only 1 Request per Form)

Post Office Name	ZIP Code™	Date Submitted
Post Office Contact Name	Post Office Telephone No. (Include area code)	
Unit Finance No. (10 characters)	Money Order Issue ID (6 characters)	
Fiscal Year FY	Month Expensed (FPR* Expense Mart)	
Expense Adjustment Amount Requested \$	Fees Adjustment Requested \$	

Reason for Money Order Expense Adjustment Request (Please print the reason for your request)

Required Documentation (Check one)

- EDW\*\* Narrowcaster Report                       Money Order Expense Report

**NOTE:** Attaching the required report is mandatory. Failure to attach a required report will result in the return of your request.

Documentation Attached (Check all that apply)

**Do not** send original documentation as it will **not** be returned to you.

- ADM\*\*\* Reports                       PS Form 6349, Issued Money Order Sales Record
- Money Order Lists                       Spoiled Money Orders
- Money Order Tapes                       PS Forms 1412

### ASC USE ONLY

- Request PROCESSED                      Processed By: \_\_\_\_\_
- Request DENIED                      Processed By: \_\_\_\_\_
- Request ADJUSTED and PROCESSED                      Processed By: \_\_\_\_\_

Print Name	Signature	Date
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Submit Completed Form and Attachments To:

MONEY ORDER BRANCH  
ST LOUIS INFORMATION SERVICE CENTER  
PO BOX 82452  
ST LOUIS MO 63182-2452

- \* Financial Performance Report (FPR)
- \*\* Enterprise Data Warehouse (EDW)
- \*\*\* Accounting Data Mart (ADM)