

☐ CHECK BOX IF ADDRESS OR TELEPHONE NUMBER HAS CHANGED

DISBURSING OFFICE NAME/MAILING ADDRESS			D.O. NAME (TYPE)		CHECK SYMBOL NO.
			D.O. SIGNATURE		MONTH AND YEAR FOR WHICH RENDERED
TELEPHONE NO. COMMERCIAL OR FTS _____			_____		
TRANSMITTAL NUMBER			ENDING CHECK NO.	REPORTING METHOD	TOTAL DOLLAR AMOUNT OF ISSUES (FOR EACH TRANSMITTAL)
D.O. SYMBOL NO.	CHECK SYMBOL NO.	BEGINNING CHECK NO.			

1. Enter on this line the total dollar amount of checks issued this month as shown in this report. Individual check issue report submissions for the month must be shown above or on an attached list. *(Total must agree with the total dollar amount of checks issued as reported in column 2 of the reverse of Standard Form 1219.)* . . . \$ \_\_\_\_\_

(a) Enter on this line the net dollar adjustments to prior months for which completed copies of Advices of Check Issue Discrepancy, Forms 5206, are attached . . . . .

(b) Enter on this line the net dollar adjustments to prior months for which completed copies of Optional Forms 1017-G *(or comparable forms)*, are attached . . . . .

3. NET TOTAL . . . . \$