

## Monthly Remittance Report

Submitted by:  
Phone #:  
E-mail:

**Please Return with Payment**

Total Check Amounts: \$

*(Click on Highlighted Fields, Type information, Print and Return with Payment)*

Group Number	Group Name	Month/Year
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**Please Complete the Table Below**

Check Number	Invoice Number	Amount BILLED	Amount PAID	Difference	Explanation

**For MESSA Use Only**

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Reviewed and processed by: \_\_\_\_\_ Date Received: \_\_\_\_\_