MESSA

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1475 Kendale Blvd., PO Box 2560
East Lansing, MI 48826-2560
Questions? Call 888.888.4167
Fax 517.203.2914
Available at *www.messa.org*

Monthly Remittance Form

Submitted by:
Phone #:
E-mail:

Please Return with Payment

Total Check Amounts: $ 0.00

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

Group Number	Group Name	Month/Year

Please Complete the Table Below

Check Number	Invoice Number	Amount BILLED	Amount PAID	Difference	Explanation
				$0.00	
				$0.00	
				$0.00	
				$0.00	
				$0.00	
				$0.00	
				$0.00	
				$0.00	
				$0.00	
				$0.00	
				$0.00	
				$0.00	
				$0.00	
		$0.00	$0.00	$0.00	

For MESSA Use Only

Reviewed and processed by: _____ Date Received: _____