



MISSOURI DEPARTMENT OF
REVENUE
Title Service Receipts Log

Check Number	Check Amount
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Name of the Service Agent	Date Submitted (MM/DD/YYYY) ____/____/_____
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Name of Applicant	Transaction Type	Make	Year	Vehicle Identification Number (VIN)

Date Returned to Agent (MM/DD/YYYY) ____/____/_____	MV Use Only	Amount in Batch
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