



Suspicious Transaction Report (STR)

I. Completed by Postal Employee

Without alerting customer(s), provide as much of the following information as possible. Complete this form only after the customer leaves. **Provide only information obtainable from behind the counter. Employee safety is the most important priority.**

	<u>Begin Serial No.</u>	<u>Thru</u>	<u>End Serial No.</u>
Money Order Range 1:	_____	_____	_____
Money Order Range 2:	_____	_____	_____
Money Order Range 3:	_____	_____	_____
Stored Value Card No:	_____		
Funds Transfer No.:	_____		
Transaction Amount:	\$ _____	Transaction Date:	____/____/____
Transaction Time:	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Recorded by Camera?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Activity Type:	<input type="checkbox"/> Purchased	<input type="checkbox"/> Cashed	<input type="checkbox"/> Other (Describe in Comment Section)

II. Identifying Information for Primary Customer (List information for additional customers in Comment Section)

Business/Customer Name		First Name
Address (Number, Street, Box, Suite/Apt. No.)		
City	State	ZIP Code
Country		
Type of Business		
Social Security No.	Driver's License No.	State
Other ID No.	Type of Other ID	
Debit/Credit Card No.	Vehicle License No.	State

Comments: (Check all that apply)

- 1. Comes in frequently and always purchases less than \$3,000 worth.
- 2. Asked for lesser amount after being advised to complete PS Form 8105-A.
- 3. Two or more people working together.
- 4. Other: Describe the customer including the approximate age (e.g., 20, 25, 35), whether "female" or "male," etc.

Continue Additional Comments on Reverse

Attention
Mail this form
Daily to:

ATTN PS FORM 8105-B
ACCOUNTING SERVICE CENTER
PO BOX 82445
ST LOUIS MO 63182-2445

