

**CHECK TRANSMITTAL**

**PURPOSE:** To provide a recording and transmittal method for Family Support Division (FSD) offices when participant benefit checks must be submitted to the Division of Finance and Administrative Services (DFAS). All checks being returned **must** be stamped VOID or CANCELLED prior to returning to DFAS.

**WHEN TO USE:** This form is used by FSD staff when returning checks to the DFAS.

**NUMBER OF COPIES AND DISTRIBUTION:** Complete in ink. Mail the original completed IM-206 and any checks being returned to the DFAS at PO Box 1643, Jefferson City MO 65102. A copy should be maintained in the submitting FSD office.

If the participant, participant's family/authorized representative, or facility submits any letters or documentation along with the returned check, do NOT send this information to DFAS

**INSTRUCTIONS FOR COMPLETION:**

Enter the name of the Family Support Division Processing Center or Resource Center that is returning the check(s).

Enter the name of the County/Office Manager and the city/town within Missouri.

Enter the Type of Assistance in the Category field. A separate IM-206 should be completed for checks of differing types of assistance.

Enter the month of issuance of the returned check. You can combine multiple months on the same IM-206 but do not cross fiscal years (July 1 through June 30). If the IM-206 is being submitted with checks from various months, include each month on this line.

Enter the case number/DCN, Name of Grantee (claimant), Check Number (from PAYHIST), the dollar Amount and a short description of the Reason for Return.

Enter the date the form is completed.

The individual completing the ledger will sign and include his/her title.

**RETENTION:** The submitting office shall permanently retain a copy of this form for audit purposes.

**REFERENCE:**

Income Maintenance Manual, Chapter XII  
Memorandum IM-1 (2015)