massDOT
Massachusetts Department of Transportation
Registry of Motor Vehicles

Branch Weekly Receipt

END USER NAME	

BATCH SEQUENCE	___ ___ ___ / ___ ___ ___ - ___ ___ ___ / ___ ___ ___ ___ / ___ ___ / ___ ___
	YEAR Mon Julian Date - Sat Julian Date Terminal Number Beg Seq # End Seq #

AUTHORIZED USER NAME (PRINTED)	

AUTHORIZED USER NAME (SIGNATURE)	

BRANCH OFFICE		DATE RECEIVED	____ ____ / ____ ____ / ____ ____

CLERK INITIAL'S		CLERK ID Number		Example SP15 EV14

PLEASE NOTE: END USER SHOULD RETAIN THIS RECEIPT FOR THEIR RECORDS

THIS WORK IS NOT CHECKED FOR CONTENT.