



**Investment Planners, Inc.**

Integrity ★ Performance ★ Innovation

## Checks Received Blotter

Page 1 of 1

REP NAME(S):						WEEK / MONTH OF:				
Date on the Check	Date Received in Branch	Product Type	Client Name	Account#	Product Sponsor / Clearing / Custodian	Description of Investment	Check Number	Amount	Initial Investment Yes/No	Date Mailed
Operations Reviewed: _____				Representative Signature/Initials: _____			Email to: michelleh@investment-planners.com or Fax: 217-469-5004			