



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 CHILDREN'S DIVISION  
**INCOME ENTRY LOG**

BATCH NUMBER  
 (DBF ONLY)

| LINE                     | 1. DCN | 2. SOCIAL SECURITY NUMBER | 3. CLIENT'S NAME | 4. INC. SRCE | 5. AMOUNT | 6. PAYER NAME/ADDRESS |
|--------------------------|--------|---------------------------|------------------|--------------|-----------|-----------------------|
| 01                       |        |                           |                  |              |           |                       |
| 02                       |        |                           |                  |              |           |                       |
| 03                       |        |                           |                  |              |           |                       |
| 04                       |        |                           |                  |              |           |                       |
| 05                       |        |                           |                  |              |           |                       |
| 06                       |        |                           |                  |              |           |                       |
| 07                       |        |                           |                  |              |           |                       |
| 08                       |        |                           |                  |              |           |                       |
| 09                       |        |                           |                  |              |           |                       |
| 10                       |        |                           |                  |              |           |                       |
| 11                       |        |                           |                  |              |           |                       |
| 12                       |        |                           |                  |              |           |                       |
| <b>7. TOTAL AMOUNT ▶</b> |        |                           |                  |              |           |                       |

|                       |  |                 |                          |
|-----------------------|--|-----------------|--------------------------|
| <b>8. REMARKS</b>     |  |                 |                          |
| 9. FIPS COUNTY CODE   |  | 10. COUNTY NAME |                          |
| 11. PREPARED BY       |  | DATE            | COUNTY DIRECTOR/DESIGNEE |
| DATE RECEIVED         |  | DATE DEPOSITED  | REVENUE TRAN. NO.        |
| <b>DBF USE ONLY ▶</b> |  |                 |                          |