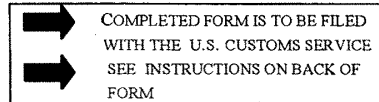


U.S. CUSTOMS ONLY
CONTROL NO.

**REPORT OF INTERNATIONAL
TRANSPORTATION OF CURRENCY OR
MONETARY INSTRUMENTS**
31 U.S.C. 5316; 31 CFR 103.23, 103.27

OMB NO. 1506-0014



PART I	PERSON DEPARTING FROM OR ENTERING INTO THE UNITED STATES									
	1. NAME LAST OR FAMILY FIRST MIDDLE						2. IDENTIFICATION NO. (SEE INSTRUCTIONS)		3. DATE OF BIRTH MONTH DAY YEAR	
	4. PERMANENT HOME ADDRESS IN UNITED STATES OR ABROAD STREET APT. CITY STATE ZIP CODE COUNTRY								5. OCCUPATION	
	6. DESTINATION ADDRESS STREET APT. CITY STATE ZIP CODE COUNTRY								7. COUNTRY(IES) OF CITIZENSHIP	
	8. PASSPORT NO. & COUNTRY			9. U.S. VISA ISSUANCE DATE MONTH DAY YEAR		10. PLACE VISA ISSUED		11. IMMIGRATION ALIEN NO. (If applicable)		
	12. COMPLETE THIS ITEM IF CURRENCY OR MONETARY INSTRUMENT IS ACCOMPANIED BY A PERSON <input type="checkbox"/> EXPORTED CURRENCY OR MONETARY INSTRUMENT FROM THE UNITED STATES TRAVELER ORIGINATED FROM: CITY: STATE: COUNTRY: <input type="checkbox"/> IMPORTED CURRENCY OR MONETARY INSTRUMENT INTO THE UNITED STATES									
	PART II									
	COMPLETE THIS SECTION ONLY IF YOU ARE TRANSPORTING CURRENCY ON BEHALF OF SOMEONE ELSE. PROVIDE INFORMATION ABOUT PERSON(S) OR BUSINESS ON WHOSE BEHALF IMPORTATION/EXPORTATION WAS CONDUCTED.									
	13. NAME: LAST OR FAMILY OR BUSINESS FIRST MIDDLE						14. PHONE NUMBER (INCLUDE AREA CODE)			
	15. TYPE OF BUSINESS ACTIVITY, OCCUPATION OR PROFESSION								16. IS THIS BUSINESS A BANKING INSTITUTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	16. EMPLOYER IDENTIFICATION NO. (EIN)						17. PASSPORT NO. & COUNTRY			
	18. PERMANENT ADDRESS IN UNITED STATES OR ABROAD STREET APT. CITY STATE ZIP CODE COUNTRY								19. PHONE NO. (INCLUDE AREA CODE)	
PART III	CURRENCY AND MONETARY INSTRUMENTS (COMPLETION OF FIELDS BELOW IS MANDATORY)									
	20. TYPE AND AMOUNT OF CURRENCY/MONETARY INSTRUMENTS:						IN U.S. DOLLARS		21. IF OTHER THAN U.S. CURRENCY IS INVOLVED, PLEASE COMPLETE BLOCKS BELOW:	
	COINS <input type="checkbox"/> YES <input type="checkbox"/> NO				\$				A. CURRENCY NAME	
	CURRENCY <input type="checkbox"/> YES <input type="checkbox"/> NO				\$				B. COUNTRY	
	OTHER MONETARY INSTRUMENTS (CHECK ALL THAT APPLY) <input type="checkbox"/> TRAVELERS CHECKS <input type="checkbox"/> BONDS <input type="checkbox"/> CHECKS <input type="checkbox"/> OTHER <input type="checkbox"/> MONEY ORDERS (SPECIFY TYPE, ISSUING ENTITY AND DATE, AND SERIAL OR OTHER IDENTIFYING NUMBER.) <input type="checkbox"/> BANK DRAFTS						\$			
							TOTAL \$			
	COMPLETE THIS SECTION ONLY IF YOU ARE MAILING OR SHIPPING CURRENCY OR MONETARY INSTRUMENTS									
	22A. DATE SHIPPED:		22B. DATE RECEIVED		22C. METHOD OF SHIPMENT (U.S. MAIL, PUBLIC CARRIER, ETC.)			22D. NAME OF CARRIER		
	22E. NAME SHIPPED TO:		LAST OR FAMILY OR BUSINESS FIRST MIDDLE							
	22F. ADDRESS SHIPPED TO:		STREET CITY STATE ZIP CODE COUNTRY							
22G. NAME RECEIVED FROM:		LAST OR FAMILY FIRST MIDDLE								
22H. ADDRESS RECEIVED FROM:		CITY STATE ZIP CODE COUNTRY								
PART V	SIGNATURE OF PERSON COMPLETING THIS REPORT									
	Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief it is true, correct and complete.									
	23. NAME						TITLE			
	SIGNATURE X						DATE OF REPORT			
U.S. CUSTOMS USE ONLY										
DATE		AIRLINE/FLIGHT/VESSEL		<input type="checkbox"/> INBOUND <input type="checkbox"/> OUTBOUND		COUNT VERIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		VOLUNTARY REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		
				LICENSE PLATE		INSPECTOR BADGE NO.				
STATE/COUNTRY				NUMBER						

Customs Form 4790 (03/03)