



SMALL BUSINESS ADMINISTRATION TRANSACTION REPORT ON LOAN SERVICED BY LENDER

OMB Approval No. 3245-0131
Expiration Date 06/30/2009

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| 1. Mail To: SMALL BUSINESS ADMINISTRATION DENVER, CO 80259 | 2. Lender's Name and Address |
| 3. Loan Number | 4. Borrower's Name |
| 5. Interest Rates <div style="display: flex; justify-content: space-around; width: 100%;"> _____ SBA _____ Lender </div> | 6. Participation Percentages <div style="display: flex; justify-content: space-around; width: 100%;"> _____ SBA _____ Lender </div> |
| 7. Date Repayment Received | 8. Installment Due Date Paid |
| 9. Interest Period Paid From: _____ To: _____ | 10. No. of Days Interest _____ |

| 11. Application of Repayment: | <u>TOTAL</u> | <u>LENDER SHARE</u> | <u>SBA SHARE</u> |
|---|--------------|---------------------|------------------|
| Repayment Amount | \$ _____ | | |
| a. To Interest | \$ _____ | \$ _____ | \$ _____ |
| b. To Principal | \$ _____ | \$ _____ | \$ _____ |
| Less Recoverable Expenses * | \$ _____ | \$ _____ | \$ _____ |
| Less: Service Fee ** | | | \$ _____ |
| Amount Remitted to SBA | | | \$ _____ |
| ** Compute Service Fee as follows: Multiply SBA's Share of Beginning Principal Balance by: (Number of Days Interest times Daily Factor). Daily Factor = .0000068 if SBA's Percent Share Exceeds 75% Daily Factor = .0000103 if SBA's Percent Share is 75% or less. | | | |

| 12. Principal Loan Balance: | <u>TOTAL</u> | <u>LENDER SHARE</u> | <u>SBA SHARE</u> |
|------------------------------------|--------------|---------------------|------------------|
| a. Last Report () | \$ _____ | \$ _____ | \$ _____ |
| b. Plus Principal Additions | \$ _____ | \$ _____ | \$ _____ |
| c. Less Repayments/Credits | \$ _____ | \$ _____ | \$ _____ |
| d. Ending Balance This Report | \$ _____ | \$ _____ | \$ _____ |

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|---|--|
| 13. Comments: *(Explanation of Recoverable Expenses) | 14. ----- OFO USE ONLY ----- T/C _____ Offline Code _____ Next Due Date _____ |
|---|--|

| | | |
|-------------------------|------------------------------|-------------------------|
| 15. Contact Name | 16. Telephone No: Ext | 17. Current Date |
|-------------------------|------------------------------|-------------------------|

Please note: The estimated burden hours for the completion of this form is 10 minutes per response. If you have any questions or comments concerning this estimate or any other aspect of this information collection please contact, Chief, Administrative Information Branch, U.S. Small Business Administration, 409 3rd St., S.W. Washington, D.C. 20416 and OMB Clearance Officer, Paperwork Reduction Project (3245-0131), Office of Management and Budget, Washington, D.C. 20503. You are not required to respond to this request for information unless it displays a valid OMB approval number and expiration.

SBA FORM 172 (02-2009) REF.: SOP 50-51 PREVIOUS EDITIONS OBSOLETE