



**LENDER DISBURSEMENT/COLLECTION REPORT
FOR SBA GUARANTEED REVOLVING LINES OF CREDIT**

Lenders shall complete this Form for specific lines of credit, when directed by SBA, in order to provide SBA with a synopsis of the monthly disbursement and collection (loan payments and fees) activity for that line of credit. This Form shall be submitted, as directed by SBA, to SBA on a quarterly basis. Monthly activity shall be from the first to the last business day of each month.

FOR THE PERIOD BEGINNING: _____ and ENDING: _____
mm/dd/yyyy mm/dd/yyyy

BORROWER'S d/b/a NAME: _____

LOAN NUMBER: _____

LENDER'S NAME: _____

Summary for the Period Covered By This Report:

FOR THE MONTHS OF	_____	_____	_____
TOTAL DISBURSEMENT NUMBERS:	_____	_____	_____
TOTAL DISBURSEMENT DOLLARS:	_____	_____	_____
TOTAL PAYMENT NUMBERS:	_____	_____	_____
TOTAL PAYMENT DOLLARS:	_____	_____	_____
PAYMENTS TO INTEREST:	_____	_____	_____
PAYMENTS TO PRINCIPAL:	_____	_____	_____
ADDITIONAL CURTAILMENT:	_____	_____	_____
HIGHEST PRINCIPAL BALANCE:	_____	_____	_____
MONTH END BALANCE:	_____	_____	_____
FEES CHARGED:	_____	_____	_____
FEES COLLECTED:	_____	_____	_____

Signature of Lender Required with Each Report:

I certify that all information on this form is true and accurate to the best of my knowledge. I understand that false information can be subject to the criminal penalties set forth in 18 U.S.C. § 1001.

Lender Official: _____ Date: _____

Signature: _____

The total estimated time to respond to this form, including time to read instructions, and compile the information needed to respond, is 20 minutes. You are not required to respond to this collection of information unless it displays a currently valid OMB control number and expiration date. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503.