OMB Approval No. 3245-0131

[](http://www.google.com/imgres?imgurl=https://s3.amazonaws.com/images.federalregister.gov/ER11JA08.000/original.gif&imgrefurl=https://www.federalregister.gov/articles/2008/01/11/E8-338/seals-and-insignia&usg=__jJFVt4c32pCZkV1Y8EkejFQE2WA=&h=1213&w=1199&sz=35&hl=en&start=3&zoom=1&tbnid=9-R_XGGn9fgd5M:&tbnh=150&tbnw=148&ei=27VgT4TcN8vBgAelntStCA&prev=/search?q=sba+seal&hl=en&sa=X&rls=com.microsoft:en-US&rlz=1I7GGLL_en&tbm=isch&prmd=ivns&itbs=1)**SMALL BUSINESS ADMINISTRATION** Expiration Date 05/31/2012

**TRANSACTION REPORT ON LOAN SERVICED BY LENDER**

***Form is used to report and remit payments to SBA which are received by lenders***

1. Mail To: 2. Lender's Name and Address

**SMALL BUSINESS ADMINISTRATION DENVER, CO 80259**

3. Loan Number 4. Borrower's Name

5. Interest Rates 6. Participation Percentages

SBA Lender SBA Lender

7. Date Repayment Received 8. Installment Due Date Paid

9. Interest Period Paid From: 10. No. of Days Interest

To:

**11. Application of Repayment: TOTAL LENDER SHARE SBA SHARE**

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: TOTAL LENDER SHARE SBA SHARE**

|  |  |  |
| --- | --- | --- |
| a. | Last Report ( ) | $ $ $ |
| b. | Plus Principal Additions | $ $ $ |
| C. | Less Repayments/Credits | $ $ $ |

d. Ending Balance This Report $ $ $

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 his 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**