Andrew Manar
MACOUPIN COUNTY BOARD CHAIRMAN

EXAMPLE FORM

MACOUPIN COUNTY BOARD
215 South East Street, P.O. Box 535, Carlinville, IL 62626
Phone 217.854.3341 Fax 217.854.6015
Gabe.springer@macoupincountyil.gov

EXAMPLE FORM

TO: **Individual Name**
Company A
Address
City, State ZIP

FOR OFFICIAL USE ONLY – COMPLETED BY CHIEF FINANCIAL OFFICER OF THE COUNTY BOARD

LAST PAYMENT AMOUNT_____

LAST PAYMENT DATE _____

CURRENT PAYMENT INFORMATION

Loanee Company Name: Company A
Loanee Unique Identification Tag: CMPA01

As a result of the adoption of Macoupin County Board Resolution 2011.13, the Chief Financial Officer of the County Board is now required to send out monthly invoices to all entities receiving loans requiring consistent monthly payments from either of the two Macoupin County Revolving Loan Funds.

Please make all checks payable to "Revolving Loan Fund." Payments must be made by the due date noted below in order to avoid late payment penalties set forth in Macoupin County Board Resolution 2011.13. Monthly payments should be made in person to the Chief Financial Officer of the County Board on the 2nd Floor of the Macoupin County Jail Building or be mailed to P.O. Box 535, Carlinville, Illinois 62626 (received by the noted due date).

If you feel any of the information below concerning your monthly loan payment to be in error, please contact the Gabe Springer, Chief Financial Officer of the County Board, at 217.854.3341 or gabe.springer@macoupincountyil.gov as soon as possible. Additional adjustments may be made to invoices in future months concerning your monthly payment – if such changes are made, you will be notified with a supplemental letter explaining all adjustments.

DATE	INVOICE #	PAYMENT DUE DATE	PRINCIPAL DUE	INTEREST DUE	AMOUNT DUE 3/1/2011	AMOUNT DUE AFTER 3/1/2011
2/15/2011	CMPA01-21511	3/1/2011	$175.13	$62.11	$237.24	$262.24

FOR OFFICIAL USE --- INFORMATION BELOW COMPLETED BY CHIEF FINANCIAL OFFICER OF THE COUNTY BOARD --- FOR OFFICIAL USE

DUE AMOUNT REMITTED _____ **TOTAL AMOUNT REMITTED** _____

LATE FEE REMITTED _____ **DATE TOTAL AMOUNT REMITTED** _____

EXTRA AMOUNT REMITTED _____ **METHOD OF PAYMENT** _____

CFO APPROVAL _____ **DATE** _____