

VIRGINIA SMALL BUSINESS FINANCING AUTHORITY'S SSBCI CAPITAL ACCESS PROGRAM

Follow Up Claim Form

1. Name of Lender: _____
2. Lender ID #: _____
3. Lender Loan # : _____
4. Name of Borrower/Loan: _____
5. Amount of Original Claim: _____
6. Date of Original Claim: _____
7. Amount Paid on Original Claim: _____
8. Follow-up Claim Amount (Amount in #6 minus Amount in #8): _____

The completed **Follow Up Claim Form** should be submitted to:

VSBFA Loan Accounting – ATTN: Patricia Musial

patricia.musial@sbsd.virginia.gov

If Submitted by Fax: VSBFA Loan Accounting – ATTN: Patricia Musial FAX: 804-225-3384

Authorized Signature of Lender: _____

Name and Title (Printed): _____

Email: _____

Phone: _____

Date: _____

