SC State Association Loan Payment Schedule

Chapter:	Amount: $	# Payments:

Date of Loan:
End Loan Date:

Date	Check #	Amount	Balance
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$

This is to serve as proof of repayment of entire loan on this _____ day of _____ in the year _____.

Association Chairperson

_____

Association Treasurer

_____