



OFFICE OF THE ILLINOIS STATE TREASURER REGISTERING AGENCY REMITTANCE FORM

Mail Form and Check To: *Office of the Illinois State Treasurer
Attn: Fiscal Operations
P.O. Box 10254
Springfield, IL 62791-0254*

Make Checks Payable To: *Treasurer of the State of Illinois*

Name of Registering Agency

Today's Date

Contact Name

Contact Phone Number

Name of Fund

Check Number

Check Amount

Sex Offender Management Board Fund
