



# OFFICE OF THE ILLINOIS STATE TREASURER

## REGISTERING AGENCY REMITTANCE FORM

**Mail Form and Check To:** *Office of the Illinois State Treasurer  
Attn: Accounting Division  
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

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Contact Wes Howerton at 217-785-2980 with any questions.