

ADVANCE BATCH TICKET

Campus Partners
Post Office Box 2902
Winston-Salem, NC 27102



S1 ALL SHADED FIELDS MUST BE COMPLETED

Program No. Data-Entry ID Office Use Only

Program Batch No.

Office Batch No. Office ID No. Office Use Only Batch Date Office Use Only

No. of Advances Total of Advance Amt.

Fund Issue Numbers Used? (Y,N) * If Yes, complete Section S2 below.

Uniform Values (Optional)

Loan Seq. No. Advance Date

Fund Issue No. Disbursement Code

Student Financial Code Income Code

Enrolled Status Code Enrolled Eff Date

Enrolled Per Start Date Enrolled Per End Date

S2 COMPLETE ONLY IF FUND NUMBERS APPLY

Fund Issue No.	#Adv in Fund	Fund Issue Amount
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<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total	<input type="text"/>

Inst. Name _____ Your Name _____

Date _____ Phone _____ Ext. _____