

Office Use \_\_\_\_\_ - \_\_\_\_\_

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# SPECIAL BILLING TRANSMITTAL

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



Institution Name	Program No.	Transmittal No.	Date

Name	Program No.	Loan No.	Seq. No.	SRC	First Bill Mo.	Yr.	Last Bill Mo.	Yr.	Special Bill Amount	SB Freq.	Plan	PD Days Allow	Drop Curr	Agrmt
History Comment (Optional)														

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### FIELD DESCRIPTIONS

- First Bill – The month and year of the first special bill.
- Last Bill – The month and year of the last special bill.
- Special Bill Amount – The total amount to be billed each frequency.
- SB: Freq./Plan – Use only if the frequency and/or plan for the special billing period is different from the frequency and/or plan presently on the loan. Refer to Operations Manual for repayment frequencies and plans available.

- PD Days Allow – The number of days special billing installments may become past due before special billing is dropped and previous schedule is resumed. (If left blank, default value will be used.)
- Drop Curr – Y (yes) N (no) – Discontinue special billing when the loan becomes current. (If left blank, default value will be used.)
- Agmt – Y (yes) N (no) – A written repayment agreement has been obtained from the borrower.
- History Comment – You may enter additional information for history files.

Your Name \_\_\_\_\_

Phone \_\_\_\_\_