

Upload TIP Reimbursement Request File Layout

- The format for the file is “Comma Separated Values” (CSV)
- All fields are delimited by a comma (,) even non-required fields. Every row must contain 12 commas.
- Carriage Return Line Feed (CRLF) at the end of each row

MAX Len	Field Name	Type	Req	Field Description
4	Academic Year	Numeric	Y	Award Year (all records in the file must contain the same value) <i>Use ending year - if the acyear is 2015-2016 this field must contain 2016)</i>
6	Term	Alphanumeric	Y	Term being requested for reimbursement (all records in file must contain the same value) Valid values include: “Fall” “Winter” “Spring” “Summer”
9	SSN	Numeric	Y	Student’s Social Security Number
10	Date of Birth	Date (mm/dd/ccyy)	Y	Student’s Date of Birth – must include slashes
16	Last Name	Alphanumeric		Student’s Last Name
20	First Name	Alphanumeric		Student’s First Name
10	Date Eligible for Phase II	Date (mm/dd/ccyy)	Req if Phase = ‘2’	Date student eligible for Phase II – must include the slashes
1	Phase	Alphanumeric	Y	Phase Valid values include: “1” – Phase I “2” – Phase II
5	Credits	Numeric	Req if Phase = ‘1’	Credit hours - may contain a decimal
8	Tuition	Numeric	Req if Phase = ‘1’	Tuition charged to TIP - may contain a decimal
6	Mandatory Fees	Numeric	Req if Phase = ‘1’	Total Mandatory Fees - may contain a decimal
1	District Status	Alphanumeric	Req if Phase = ‘1’ and school is a Community College	District status Valid Values include: “1” – In-District “2” – Out-of-District
5	Award Amount	Numeric	Req if Phase = ‘2’	School’s Award Amount - may contain a decimal