

ING PAYMENT ROSTER SUPPLEMENTAL VIEW

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ANYWHERE UNIVERSITY – 000

Academic Year:

Term:

Date Due: 11/28/2011

Supplemental:

Last Name	First Name	MI	SSN	Restrictions	IN-DIST Tuition	OOD Tuition	Activity Fee	Eligible Fees	Total Dollars	Total Hours	Comments	Adjustment Type	Reject Reason

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