TOPS TECH EARLY START PAYMENT REQUEST *

FROM	TO	LGTH	DECIMAL SPACES	TYPE	FIELD NAME	FIELD DESCRIPTION	EXAMPLE	COMMENT
1	9	9	0	NUMERIC	TMCOLLIDAL	COLLEGE CODE	002010000	Please include leading and trailing zeroes
10	15	6	0	NUMERIC	TMBESECD	BESE CODE	053024	Please include leading and trailing zeroes
16	24	9	0	NUMERIC	TMSSN	SSN		**Leave blank**
25	36	12		ALPHA	TMFNAME	FIRST NAME	JOHN	ALL CAPS
37	52	16		ALPHA	TMLNAME	LAST NAME	SMITH	ALL CAPS
53	53	1		ALPHA	TMMI	MIDDLE INITIAL	T	ALL CAPS
54	56	3		ALPHA	TMSUFFIX	NAME SUFFIX	JR	ALL CAPS
57	64	8	0	NUMERIC	TMBIRTHDT	BIRTH DATE	19950701	
65	70	6		ALPHA	TMTERM	TERM	1S2014	ALL CAPS
71	72	2	0	NUMERIC	TMGRDLVL	GRADE LEVEL	11 OR 12	
73	74	2	0	NUMERIC	TMENRHRS	ENROLLED HOURS	06	Please include leading zeroes
75	80	6	0	NUMERIC	TMCIP	CLASSIFICATION OF INSTRUCTIONAL PGM	001105	Please include leading zeroes with 4 digit code
81	90	10		ALPHA	TMLASECID	LA SECURE ID	1234567890	

PLEASE INCLUDE A VALUE OR BLANK IN EVERY SPACE EVEN IF THE FIELD IS NOT USED IN CURRENT PROCESSING

* For use with the Upload Files tab of the Louisiana Award System **and** when using PGP key exchange.