

Do not write in this space.

Universal Service for Schools and Libraries

Please read instructions before
 completing.

(To be completed by schools, libraries, or
 consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Applicant Form Identifier (Create an identifier for your
 own reference)
 BM

FCC Form 472 Invoice #
 (To be inserted by administrator) 2876390

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name	CAMERON PARISH LIBRARY
2. Billed Entity Number	139270
3. Service Provider Identification Number (SPIN)	143028735
Applicant FCC Form 498 ID	443005709
4. Contact Name	Teri Lawrence
5. Contact Telephone Number	225- 2242786 ext 101
6. Total Reimbursement Amount (total from Block 2, Column 14)	\$2,520.00

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name CAMERON PARISH LIBRARY Billed Entity Number 139270

Contact Name Teri Lawrence Contact Telephone Number 225-2242786101

Applicant Form Identifier BM

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	171014111	1799027291		7/1/2017		\$3,600.00	70.00	\$2,520.00
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)								\$2,520.00

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name CAMERON PARISH LIBRARY

Billed Entity Number 139270

Contact Name Teri Lawrence

Applicant Form Identifier BM

Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- B. The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).
- D. I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person **Signed electronically by TERI LAWRENCE**

16. Date **10/18/2018**

17. Printed name of authorized person **TERI LAWRENCE**

18. Title or position of authorized person **E-RATE CONSULTANT #16060536**

19. Telephone number of authorized person **225- 2242786**

20. Address of authorized person **P. O. Box 728, Pine Grove LA 70453**

Teri Lawrence

From: Allison Schmits <Allison.Schmits@usac.org>
Sent: Friday, October 19, 2018 8:35 AM
To: Teri Lawrence
Cc: 'TLawrence@1-225-612-6682'
Subject: SLD Invoice No. 2876390/SP_App Invoice No. BM

SLD Invoice No	SP_App Invoice No	Line ID	Customer Billed Date	Customer Ship Date	471	
2876390	BM	9380332	01-Jul-17		171014111	17

I am reviewing your request for reimbursement of the invoice line/s noted above.

BILLS:

Please submit:

- I. A copy of the summary page/s for the bill/s received from Service Provider, to show:
 - a. Bill Date / Ship Date,
 - b. Service Provider Name,
 - c. Bill-To Entity,
 - d. Current Charges,
 - e. Description of Products / Services Delivered,
 - i. Please provide written description of products / services when not indicated on bill unless invoice is for retainage/retention charge. For example, Network Equipment is an insufficient description of product delivered.
 - ii. List of Equipment being maintained.
 - f. Hours of work performed (for Basic Maintenance of Internal Connections).
- II. If the service provider/ listed on the bill is different from the service provider of record for the above FRN, please specify:
 - a. Has a change of service provider occurred? Yes/No
 - b. If No, please confirm the third party listed on the bill is an authorized third party biller.
 - a) If the third party listed on the bill is an authorized third party biller, please also provide the following:
 - i. A signed and dated contract or documentation of the written and dated offer from the third party biller to the service provider listed on the above FRN
 - ii. The service provider's written and dated acceptance of the offer authorizing the third party biller to bill the applicants for the services provided on its behalf.
 - iii. A signed and dated contract or documentation of the written and dated offer from the third party biller to the billed entity listed on the FCC Form 471 for this FRN as well
 - iv. The billed entity's written and dated acceptance of the offer authorizing the third party biller to bill the applicants for the services provided on behalf of the actual service provider.
- III. If the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.
- IV. If the invoice is for retainage/retention charge and associated products/services are not indicated on the bill, please provide a copy of the prior bill(s) for the products/services where the retention was withheld.

RESPONSE REQUIREMENT:

Please provide this information to me as soon as possible within the next 7 calendar days, by End of Day Friday, 10/26/18. Failure to do so may result in a reduction or rejection of the invoice, without further request. In this event, please ensure you have all necessary documents collected before resubmitting your request. If you have any questions, please contact me within this 7 day period.

Thank you for your cooperation and continued support of the Universal Service Program.

Allison Schmits-Allwood
Case Management Associate – Invoicing Team
USAC, Schools and Libraries Program
O: (973) 581-5222 | F: (973)-599-6523
Email: Allison.Schmits@usac.org

The information contained in this electronic communication and any attachments and links to websites are intended for the exclusive use of the addressee(s) and may contain confidential or privileged information. If you are not the intended recipient, or the person responsible for delivering this communication to the intended recipient, be advised you have received this communication in error and that any use, dissemination, forwarding, printing or copying is strictly prohibited. Please notify the sender immediately and destroy all copies of this communication and any attachments.

Teri Lawrence

From: Teri Lawrence
Sent: Friday, October 19, 2018 9:03 AM
To: Allison Schmits
Cc: Dede Sanders (DSanders@cameron.lib.la.us)
Subject: RE: SLD Invoice No. 2876390/SP_App Invoice No. BM
Attachments: Invoice (No. 13897) - from AMERINET CONSULTING, LLC, CPL.pdf

Hello Allison:

Attached is the invoice which contains the following:

- a. Bill Date / Ship Date,
- b. Service Provider Name,
- c. Bill-To Entity,
- d. Current Charges,
- e. Description of Products / Services Delivered,
 - i. Please provide written description of products / services when not indicated on bill unless invoice is for retainage/retention charge. For example, Network Equipment is an insufficient description of product delivered.
 - ii. List of Equipment being maintained.

Please let me know if any additional information is required. Thanks, Teri

Teri Lawrence
Educational Professional Services
CRN 16071123
P.O. Box 728
Pine Grove, La. 70453
Cell: 225-931-6032
Office: 225-224-2786
Fax: 225-612-6682

From: Allison Schmits <Allison.Schmits@usac.org>
Sent: Friday, October 19, 2018 8:35 AM
To: Teri Lawrence <teril@eratesupport.org>
Cc: 'TLawrence@1-225-612-6682' <IMCEAFAX-TLawrence+401-225-612-6682@usac.org>
Subject: SLD Invoice No. 2876390/SP_App Invoice No. BM

SLD Invoice No	SP_App Invoice No	Line ID	Customer Billed Date	Customer Ship Date	471	
2876390	BM	9380332	01-Jul-17		171014111	17

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Allison Schmits-Allwood
Case Management Associate – Invoicing Team
USAC, Schools and Libraries Program
O: (973) 581-5222 | F: (973)-599-6523
Email: Allison.Schmits@usac.org

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received this communication in error and that any use, dissemination, forwarding, printing or copying is strictly prohibited. Please notify the sender immediately and destroy all copies of this communication and any attachments.

CAMERON PARISH POLICE JURY

Payee AMERINET CONSULTING, LLC
Vendor ID 1002120

Account #:

1167
1167
7/30/2018

Invoice	Description	Discount	Amount
13897	Annual Support for E-Rate	\$0.00	\$3,600.00
13898	Annual Maintenance Agreement	\$0.00	\$7,200.00

Electronic Payment Notification
Total :

\$0.00

\$10,800.00

PARISH TREASURER, CAMERON PARISH
CAMERON, LOUISIANA
CHARGE
GENERAL FUND

IBERIABANK
84-7041/2652

Electronic Payment Notification

AMERINET CONSULTING, LLC
P O Box 12534
Alexandria, LA 71315

VOID

CAMERON PARISH POLICE JURY

Payee AMERINET CONSULTING, LLC
Vendor ID 1002120

Account #:

1167
7/30/2018

Invoice	Description	Discount	Amount
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13898	Annual Maintenance Agreement	\$0.00	\$7,200.00

Electronic Payment Notification
Total :

\$0.00

\$10,800.00

1167

AMERINET CONSULTING, LLC

P.O. BOX 12534
ALEXANDRIA, LA 71315

P.O. Number	Invoice No.
	13897
Due Date	Terms
07/10/18	Net 25
Ship To	

Bill To:

CAMERON PARISH LIBRARY
469 MARSHALL STREET
CAMERON, LA 70631

Description**QTY****Rate****Amount**

Monthly Support for E-Rate Eligible Items for Year funding from Jul 1st, 2017 to jun 30th, 2018

45

80.00

3,600.00

Following Equipment will be Maintained under erate services:

Firewall:

Sonicwall TZ 500 SN: 18B169072300

Switches:

3Com Baseline Switch 2928-SFP SN: 926FD6S15C728

3Com Baseline Switch 2928-SFP SN: 926FCZREBCFC6

Cisco SG500-52 SN: DNI1922000H

Cisco SG200-26 SN: DNI172900W0

Cisco WS-C3750-24TS SN: CAT0803N3U8

Battery Backup:

APC Smart-UPS X SMX3000RMLV2UNC SN: ZA1204021278

Wireless Controller:

Ruckus ZoneDirector 1100 SN: 921223000053

Access Points:

Ruckus ZoneFlex ZF7363 SN: 921204001264

Ruckus ZoneFlex ZF7363 SN: 921204001351

Ruckus ZoneFlex ZF7363 SN: 921204001360

Ruckus ZoneFlex ZF7363 SN: 921204001268

Ruckus ZoneFlex ZF7363 SN: 921204001361

Ruckus ZoneFlex R500 SN: 401494602877

Ruckus ZoneFlex R500 SN: 401484402057

GOVERNMENT SALES TAX

0.00

0.00

Thank you for your business !!!

Total	\$3,600.00
Payments	\$-3,600.00
Balance Due	\$0.00