

View BEAR Invoice

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The following has been successfully certified:

Certified on 9/15/2017 3:55 PM

Invoice ID: 2689903

Created on 9/15/2017 3:55 PM

Last updated on 9/15/2017 3:55 PM

Applicant Form Identifier Q34Internet

Block 1: Header Information

[Need Help?](#)

1. Billed Entity Name MARIST CATHOLIC HIGH SCHOOL	2. Billed Entity Number 16056240	3. Service Provider Identification Number (SPIN) 143003990
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Applicant FCC Form 498 ID
443008257

4. Contact Name	Reba Stephens
5. Contact Telephone Phone	(541) 485-7879
Contact Fax	(541) 485-7879
Contact Email	rstephens@marisths.org

6. Total Reimbursement Amount
(total from Block 2, Column 14)
\$ 3829.2

Block 2: Line Item Information Per Funding Request Number

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7. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
1) 161055596	1699129134	MONTHLY	4/1/2017		\$ 1595.50	40	\$ 638.20	CERTIFIED
2) 161055596	1699129134	MONTHLY	6/1/2017		\$ 1595.50	40	\$ 638.20	CERTIFIED
3) 161055596	1699129134	MONTHLY	3/1/2017		\$ 1595.50	40	\$ 638.20	CERTIFIED
4) 161055596	1699129134	MONTHLY	2/1/2017		\$ 1595.50	40	\$ 638.20	CERTIFIED
5) 161055596	1699129134	MONTHLY	1/1/2017		\$ 1595.50	40	\$ 638.20	CERTIFIED
6) 161055596	1699129134	MONTHLY	5/1/2017		\$ 1595.50	40	\$ 638.20	CERTIFIED

Block 3: Billed Entity Certification

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Contact Information for Billed Entity Authorized Person:

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

Submission Date 9/15/2017

17. Name	REBA MCCLARY	19. Phone Number	(541) 485-7879
18. Title/Position	FINANCE DIRECTOR	19a. Fax Number	(541) 681-5498
20. Address 1	1900 KINGSLEY ROAD	19b. Email	RMCLARY@MARISTHS.ORG
Address 2		19c. Name of Authorized Person's Employer	Marist Catholic High School
City	EUGENE		
State	OR		

Reba Stephens

Request for Information

From: Butera, Lisa <Lisa.Butera@sl.universalservice.org>
Sent: Monday, September 18, 2017 11:45 AM
To: 'rstephens@marisths.org'
Cc: 'Reba Stephens@1541-485-7879'
Subject: SLD Invoice No 2689903/SP_App No Q34Internet
Attachments: SAMPLE worksheet.xlsx; Template - Worksheet Certification 3-27-13.dot; Service Certification for SLD Invoice2689903.docx

SLD Invoice No	SP_App Invoice No	Line ID	Customer Billed Date	Customer Ship Date	471	FRN	SPIN
2689903	Q34Internet	8839804	01-Jan-17		161055596	1699129134	14300396
2689903	Q34Internet	8839805	01-Feb-17		161055596	1699129134	14300396
2689903	Q34Internet	8839806	01-Mar-17		161055596	1699129134	14300396
2689903	Q34Internet	8839807	01-Apr-17		161055596	1699129134	14300396
2689903	Q34Internet	8839828	01-May-17		161055596	1699129134	14300396
2689903	Q34Internet	8839829	01-Jun-17		161055596	1699129134	14300396

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

BILLS:

Either A:

If the request for reimbursement for each FRN per Invoice is comprised of 20 bills or less (sub-bills and sub accounts may contribute to this figure):

Please submit:

- I. A copy of the summary page/s for the bill/s received from the service provider to show:
 - a. Bill Date,
 - b. Service Provider Name,
 - c. Bill-To Entity,
 - d. Current Charges,
 - e. Description of Products / Services Delivered,
 - f. Period of Service (for Digital Transmission and/or Internet Access),
 - g. Individual Call Detail NOT required (for phone bills).
- II. As guidance, a worksheet (sample attached) to summarize the bill/s (by month/ account number, as applicable) and to indicate:

- a. Total current charge per bill,
- b. Identification and removal of all ineligible products and services,
- c. Calculation of the Undiscounted/Requested amounts.
- III. If any locations on the bills / worksheet are cross connect / meet points, please identify and state the Entity/s receiving the service.
- IV. If the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.

Or B:

If the request for reimbursement for each FRN per Invoice is comprised of more than 20 bills (sub-bills and sub accounts may contribute to this figure):

Please initially submit:

- I. Only a worksheet (sample attached) to summarize the bill/s (by month/ account number, as applicable) and to indicate:
 - a. Total current charge per bill,
 - b. Identification and removal of all ineligible products and services,
 - c. Calculation of the Undiscounted/Requested amounts.
- II. The completed worksheet certification form (attached) to certify the accuracy of the worksheet.
- III. If any locations on the bills / worksheet are cross connect / meet points, please identify and state the Entity/s receiving the service.
- IV. If the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.

Upon receipt of the worksheet by the SLP, you will be required to provide a sampling of bills (selected by SLP) to verify the worksheet.

- V. The bills sent to Applicant to show:
 - a. Bill Date,
 - b. Service Provider Name,
 - c. Bill-To Entity,
 - d. Current Charges,
 - e. Description of Products / Services Delivered,
 - f. Period of Service (for Digital Transmission and/or Internet Access),
 - g. Individual Call Detail NOT required (for phone bills).

SERVICE CERTIFICATION:

Please also provide the attached Service Certification form, completed and certified by the authorized representative of the Applicant (school/library), for the products/services provided.

- I. The Representative/Contact Name, Title and Phone: the contact name should match as signatory. If the signatory is any other than the Representative/Contact Name identified on the form, please provide the full Name, Title and Phone Number of the signatory and a reason for the mismatch.
- II. Date Goods/Services Delivered: except for installation only invoice, required for all other products / services delivered;
- III. Date Goods/Services were or will be Installed: required only for non-recurring service (products that need installation);
 - a. This date is required regardless of party providing the installation.
- IV. Date Applicant Portion Paid and Check No., or Date to be Paid: required at all times.
- V. Certification box: select box either on the left or right side;
 - a. Left side: for services delivered/installed as on this invoice;

- i. Based on service contracted for the FRN, please choose either Delivery Only or Delivery and Installation.
 - b. Right side: for services not yet delivered:
 - i. Please provide contract to indicate provision for up-front charges.
- VI. Signed and dated: by the authorized Applicant contact.

Please note: Service Certification forms are Invoice number specific. Due to audit requirements, the re-submittal of an earlier Service Certification form is not acceptable and will result in rejection of the current invoice line/s.

RESPONSE REQUIREMENT:

Service Certification documents sent to us directly by Applicants (school/library) with the SLP Invoice Number and the name/title/signature of the sender may help speed up the review process. Fax cover sheet must identify the organization.

Please provide this information to me as soon as possible within the next 7 calendar days, by End of Day Monday September 25, 2017. 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.

Lisa Butera
Case Management Associate, Invoicing Team,
Schools and Libraries Program
30 Lanidex Plaza West, Room N210 | Parsippany, NJ 07054
T: 973.581.7620 | F: 973.599.6539
Lisa.Butera@sl.universalservice.org

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Information
Sent

Worksheet Certification Template

I certify that the information on the worksheet that I am providing is based on the actual bills for eligible services that the FCC Form 471 applicant has received from the vendor whose SPIN is associated with the approved E-Rate discounts. I also certify that the sample bill(s) provided is representative of the other items on the worksheet.

Signature

Stephens

Print Name

Reba Stephens

Company /
Organization

Marist Catholic High School

Title

Finance Director

Date

9/20/17

Applicant Name:	
Service Provider (SP) Name:	
Submitter Invoice Number:	
SLD Invoice Number:	
Funding Request Number (FRN):	
Description of Service for (FRN):	

Month	Billing Account #	Bill Date	CURRENT CHARGES	Ineligible \$	description of ineligible	Ineligible Page #
Jan-17	932780938	1/1/2017	\$ 1,715.00	\$119.50	City license fee	3 of 4
Feb-17	932780938	2/1/2017	\$ 1,715.00	\$119.50	City license fee	3 of 4
Mar-17	932780938	3/1/2017	\$ 1,715.00	\$119.50	City license fee	3 of 4
Apr-17	932780938	4/1/2017	\$ 1,715.00	\$119.50	City license fee	3 of 4
May-17	932780938	5/1/2017	\$ 1,715.00	\$119.50	City license fee	3 of 4
Jun-17	932780938	6/1/2017	\$ 1,715.00	\$119.50	City license fee	3 of 4
		Total	\$10,290.00	\$717.00		
		less ineligible	\$717.00			
		Adjusted Tot	\$9,573.00			
		Disc %	40.00%			
		Disc Amt	\$3,829.20			
		Discounted Amount from Above				\$3,829.20
		Requested Amt for FRN Modification				No Deviation

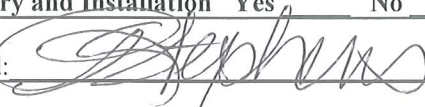
Service Certification for SLD Invoices

SLD Invoice Number	2689903
Invoice Line Number	8839804
Service Provider Name	Comcast Business Communications
Service Provider SPIN	143003990
Service Provider Invoice #	Q34Internet
Undiscounted Invoice Amount	\$1,595.50
Discounted Invoice Amount	\$638.20

Applicant Name	MARIST CATHOLIC HIGH SCHOOL
Representative / Contact Name	Reba Stephens
Representative / Contact Title	Finance Director
Representative / Contact Phone	541-485-7879
Billed Entity Number (BEN)	16056240
471 Number	161055596
FRN	1699129134
Date Goods/Services Delivered	1/1/17-1/31/17
Date Goods/Services were or will be Installed	
Date Applicant Portion Paid and Check No. or Date will be Paid	1/18/17, Check #24110

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of <u>detailed</u> vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Delivery and Installation Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES <input type="checkbox"/> NO <input type="checkbox"/>
Signed: 	Signed:
Date: 9/20/17	Date:

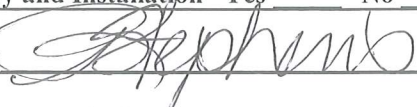
Service Certification for SLD Invoices

SLD Invoice Number	2689903
Invoice Line Number	8839806
Service Provider Name	Comcast Business Communications
Service Provider SPIN	143003990
Service Provider Invoice #	Q34Internet
Undiscounted Invoice Amount	\$1,595.50
Discounted Invoice Amount	\$638.20

Applicant Name	MARIST CATHOLIC HIGH SCHOOL
Representative / Contact Name	Reba Stephens
Representative / Contact Title	Finance Director
Representative / Contact Phone	541-485-7879
Billed Entity Number (BEN)	16056240
471 Number	161055596
FRN	1699129134
Date Goods/Services Delivered	3/1/17-3/31/17
Date Goods/Services were or will be Installed	
Date Applicant Portion Paid and Check No. or Date will be Paid	3/22/17, Check #24346

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of <u>detailed</u> vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Delivery and Installation Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES <input type="checkbox"/> NO <input type="checkbox"/>
Signed: 	Signed:
Date: 9/20/17	Date:

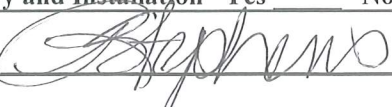
Service Certification for SLD Invoices

SLD Invoice Number	2689903
Invoice Line Number	8839828
Service Provider Name	Comcast Business Communications
Service Provider SPIN	143003990
Service Provider Invoice #	Q34Internet
Undiscounted Invoice Amount	\$1,595.50
Discounted Invoice Amount	\$638.20

Applicant Name	MARIST CATHOLIC HIGH SCHOOL
Representative / Contact Name	Reba Stephens
Representative / Contact Title	Finance Director
Representative / Contact Phone	541-485-7879
Billed Entity Number (BEN)	16056240
471 Number	161055596
FRN	1699129134
Date Goods/Services Delivered	5/1/17-5/31/17
Date Goods/Services were or will be Installed	
Date Applicant Portion Paid and Check No. or Date will be Paid	5/24/17, Check #24571

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of <u>detailed</u> vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Delivery and Installation Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES <input type="checkbox"/> NO <input type="checkbox"/>
Signed: 	Signed:
Date: 9/20/17	Date: