**From:** Barnes, Myeesha N   
**Sent:** Tuesday, October 24, 2017 4:08 PM  
**To:** Brandon.pasanen@sl.universalservice.org  
**Cc:** Carol Underriner; 'Abe Loveless'  
**Subject:** RE: Multiple SLD invoices \*\*Reply by 10/25/17\*\*

Good Afternoon,

Please see the attached Worksheets and Worksheet Certification required for the review listed below.

Thank you!



**Myeesha Barnes, MBA** |Government Subsidized Programs Specialist CB |314.858.3557  
13545 Barrett Parkway Suite 200|Ballwin, MO  63021

*Success is almost totally dependent upon drive and persistence.   
The extra energy required to make another effort or try another approach is the secret of winning.*

**From:** Abe Loveless [<mailto:abe.loveless@estl189.com>]   
**Sent:** Friday, October 20, 2017 11:32 AM  
**To:** Barnes, Myeesha N <[Myeesha.Barnes@charter.com](mailto:Myeesha.Barnes@charter.com)>; [Brandon.pasanen@sl.universalservice.org](mailto:Brandon.pasanen@sl.universalservice.org)  
**Cc:** Carol Underriner <[carol@btu-consultants.com](mailto:carol@btu-consultants.com)>  
**Subject:** RE: Multiple SLD invoices \*\*Reply by 10/25/17\*\*

Brandon,

See attached docs:

* Service Certification
* 3 checks
* Vendor invoices
* Payment worksheet
* Invoice for Check 9200519 outlining detailed payments for each month
* Worksheet Certification

Please let us know if we can provide any additional information or explanation.  I realize this one may look confusing.

This year the vendor changed how they process their SPI discounts.  So, mid-year the vendor began billing full amounts and will process the SPI discounts after payment is received, rather than their prior practice of processing the SPI and invoicing only the district’s percentage owed.  So, even though we are being billed 100%, they requested we only pay our 10% portion.  Hence, the addition of the invoice for the specific check number 9200519.

Hopefully, that makes sense.  If not, Myeesha or I are happy to explain further.

Thanks,

Abe

**From:** Barnes, Myeesha N [mailto:[Myeesha.Barnes@charter.com](mailto:Myeesha.Barnes@charter.com)]   
**Sent:** Wednesday, October 18, 2017 9:29 AM  
**To:** '[Abe.Loveless@estl189.com](mailto:Abe.Loveless@estl189.com)' <[Abe.Loveless@estl189.com](mailto:Abe.Loveless@estl189.com)>  
**Subject:** FW: Multiple SLD invoices \*\*Reply by 10/25/17\*\*

Here’s another Abe.



**Myeesha Barnes, MBA** |Government Subsidized Programs Specialist CB |314.858.3557  
13545 Barrett Parkway Suite 200|Ballwin, MO  63021

*Success is almost totally dependent upon drive and persistence.   
The extra energy required to make another effort or try another approach is the secret of winning.*

**From:** Pasanen, Brandon [<mailto:Brandon.Pasanen@sl.universalservice.org>]   
**Sent:** Wednesday, October 18, 2017 7:04 AM  
**To:** Barnes, Myeesha N <[Myeesha.Barnes@charter.com](mailto:Myeesha.Barnes@charter.com)>  
**Subject:** Multiple SLD invoices \*\*Reply by 10/25/17\*\*

Myeesha Barnes—

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SLD Invoice No** | **SP\_App Invoice No** | **Line ID** | **Customer Billed Date** | **471** | **FRN** | **SPIN** | **Service Provider Name** | **Applicant Name** | **BEN** | **Undiscounted Amt** | **Discounted Amt** |
| 2706026 | ESTL SD 4501 07/16 | 8888347 | 01-Jul-16 | 161050068 | 1699114501 | 143027938 | Charter Fiberlink - Illinois, LLC | EAST ST LOUIS SCHOOL DIST 189 | 136412 | 9705 | 8734.5 |
| 2706033 | ESTL SD 4501 10/16 | 8888361 | 01-Oct-16 | 161050068 | 1699114501 | 143027938 | Charter Fiberlink - Illinois, LLC | EAST ST LOUIS SCHOOL DIST 189 | 136412 | 8085.38 | 7276.84 |
| 2706035 | ESTL SD 4501 11/16 | 8888362 | 01-Nov-16 | 161050068 | 1699114501 | 143027938 | Charter Fiberlink - Illinois, LLC | EAST ST LOUIS SCHOOL DIST 189 | 136412 | 8085.38 | 7276.84 |
| 2706036 | ESTL SD 4501 12/16 | 8888364 | 01-Dec-16 | 161050068 | 1699114501 | 143027938 | Charter Fiberlink - Illinois, LLC | EAST ST LOUIS SCHOOL DIST 189 | 136412 | 8085.38 | 7276.84 |
| 2706039 | ESTL SD 4501 01/17 | 8888388 | 01-Jan-17 | 161050068 | 1699114501 | 143027938 | Charter Fiberlink - Illinois, LLC | EAST ST LOUIS SCHOOL DIST 189 | 136412 | 8085.38 | 7276.84 |
| 2706042 | ESTL SD 4501 02/17 | 8888393 | 01-Feb-17 | 161050068 | 1699114501 | 143027938 | Charter Fiberlink - Illinois, LLC | EAST ST LOUIS SCHOOL DIST 189 | 136412 | 8085.38 | 7276.84 |
| 2706045 | ESTL SD 4501 03/17 | 8888403 | 01-Mar-17 | 161050068 | 1699114501 | 143027938 | Charter Fiberlink - Illinois, LLC | EAST ST LOUIS SCHOOL DIST 189 | 136412 | 8085.38 | 7276.84 |
| 2706093 | ESTL SD 4501 04/17 | 8888566 | 01-Apr-17 | 161050068 | 1699114501 | 143027938 | Charter Fiberlink - Illinois, LLC | EAST ST LOUIS SCHOOL DIST 189 | 136412 | 8085.38 | 7276.84 |
| 2706120 | ESTL SD 4501 05/17 | 8888572 | 01-May-17 | 161050068 | 1699114501 | 143027938 | Charter Fiberlink - Illinois, LLC | EAST ST LOUIS SCHOOL DIST 189 | 136412 | 8085.38 | 7276.84 |
| 2706123 | ESTL SD 4501 06/17 | 8888579 | 01-Jun-17 | 161050068 | 1699114501 | 143027938 | Charter Fiberlink - Illinois, LLC | EAST ST LOUIS SCHOOL DIST 189 | 136412 | 8085.38 | 7276.84 |

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:

A copy of the summary page/s for the bill/s sent to Applicant, to show:

Bill Date,

Service Provider Name,

Bill-To Entity,

Current Charges,

Description of Products / Services Delivered,

Period of Service (for Digital Transmission and/or Internet Access),

Individual Call Detail NOT required (for phone bills).

As guidance, a worksheet (sample attached)  to summarize the bill/s (by month/ account number, as applicable) and to indicate:

Total current charge per bill,

Identification and removal of all ineligible products and services,

Calculation of the Undiscounted/Requested amounts.

If any locations on the bills / worksheet are cross connect / meet points, please identify and state the Entity/s receiving the service.

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:

Only a worksheet (sample attached)  to summarize the bill/s (by month/ account number, as applicable) and to indicate:

Total current charge per bill,

Identification and removal of all ineligible products and services,

Calculation of the Undiscounted/Requested amounts.

The completed worksheet certification form (attached) to certify the accuracy of the worksheet.

If any locations on the bills / worksheet are cross connect / meet points, please identify and state the Entity/s receiving the service.

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.

The bills sent to Applicant, to show:

Bill Date,

Service Provider Name,

Bill-To Entity,

Current Charges,

Description of Products / Services Delivered,

Period of Service (for Digital Transmission and/or Internet Access),

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.

1. 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.
2. Date Goods/Services Delivered: except for installation only invoice, required for all other products / services delivered;
3. Date Goods/Services were or will be Installed: required only for non-recurring service (products that need installation);
   1. This date is required regardless of party providing the installation.
4. Date Applicant Portion Paid and Check No., or Date to be Paid: required at all times.
5. Certification box: select box either on the left or right side;
   1. Left side: for services delivered/installed as on this invoice;

Based on service contracted for the FRN, please choose either Delivery Only or Delivery and Installation.

* 1. Right side: for services not yet delivered:

Please provide contract to indicate provision for up-front charges.

1. 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.

**PAYMENT VERIFICATION:**

Please answer the following questions and provide documentation, where needed::

1. Has any FRN listed above been approved for special construction charges where a Special Construction State/Tribal Match Percentage (State/Tribal funded %) plus Special Construction State/Tribal Match Discount Rate (E-rate funded %) equals 100% of the total pre-discount FRN charges?

Yes\_\_\_\_\_        No\_\_\_\_\_

1. If yes, please specify FRN(s) on this invoice that was funded 100% by State/Tribal and E-rate funds combined. No further documentation is required. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If no, please provide validation that the applicant portion of the payment has been paid for the invoice lines under review.

Payment by check: front and back of cancelled check required, showing bank validation of transaction being cleared.

If the check includes other payments, a distinct breakout must be received in order to validate payment for this particular invoice,

If your financial institution does not retain canceled checks as proof of payment, please provide documentation that show the Applicant making the payment and the Service Provider receiving it based on third party (i.e. bank) validation.

Other methods used for payment: documentation provided must clearly show the Applicant making the payment and the Service Provider receiving it based on third party (i.e. bank) validation.

If no payment was made due to a Credit Balance, please provide a reconciliation worksheet. The worksheet must include

The month, billing account #, bill date and current charges for the original bill(s) that resulted in the credit balance.

Type of credit

The credit amount per type of credit

Reconciliation of the credit(s) and current charge(s) to justify why no payment was made

If partial payment was made due to a Credit Balance, please provide the above reconciliation worksheet (item III) and payment documentation (item I or II).

**RESPONSE REQUIREMENT:**

Service Certification and Payment Verification 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 Wednesday, 10/25/2017.  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.

**Brandon Pasanen**

**Case Management, Invoicing Team, Schools and Libraries Program**

30 Lanidex Plaza West | Parsippany, NJ 07054  
T: 973-581-7570 | F: 973-599-6539

[Brandon.pasanen@sl.universalservice.org](mailto:Brandon.pasanen@sl.universalservice.org)

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