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Invoice ID: 2592726
Created on 5/23/2017 4:52 PM
Last updated on 5/26/2017 5:03 AM

Applicant Form Identifier 15EFC-Kinetix

Block 1: Header Information

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1. Billed Entity Name EDUCATION FOR CHANGE IN PUBLIC SCHOOLS	2. Billed Entity Number 16037953	3. Service Provider Identification Number (SPIN) 143036590
Applicant FCC Form 498 ID 443021021		

4. Contact Name	MARY JO SAGNELLA
5. Contact Telephone Phone	(203) 445-9577
Contact Fax	(203) 445-0456
Contact Email	msagnella@erateportal.com

6. Total Reimbursement Amount
(total from Block 2, Column 14)
\$ 68712.14

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) 1031727	2806189	ONE-TIME	7/15/2015		\$ 7878.20	85	\$ 6696.47	COMPLETED
2) 1031727	2806183	ONE-TIME	7/15/2015		\$ 13752.71	85	\$ 11689.80	COMPLETED
3) 1031727	2806162	ONE-TIME	7/15/2015		\$ 13752.71	85	\$ 11689.80	COMPLETED
4) 1031727	2806155	ONE-TIME	7/15/2015		\$ 13752.71	85	\$ 11689.80	COMPLETED
5) 1031727	2806182	ONE-TIME	7/15/2015		\$ 13752.71	85	\$ 11689.80	COMPLETED
6) 1031727	2806193	ONE-TIME	7/15/2015		\$ 17948.79	85	\$ 15256.47	COMPLETED

Block 3: Billed Entity Certification

[Need Help?](#)**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 5/23/2017

17. Name RICHARD MCNEEL
18. Title/Position CONTROLLER
20. Address 1 303 HEGENBERGER RD
Address 2
City OAKLAND
State CA
Zip Code 94621 -

19. Phone Number (203) 445-9577
19a. Fax Number (203) 445-0456
19b. Email rmcneel@efcps.net
19c. Name of Authorized Person's Employer Education for CHange

OMB Number 3060 - 0856 Form 472

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Client Service Bureau: 1-888-203-8100

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