

**Re: E-Rate SLD Invoice 2778655 your ref# 2016-BEAR Fiber**

1 message

Sepe, Diana &lt;dsepe@littlechute.k12.wi.us&gt;

To: "Saenz, Flor" &lt;Flor.Saenz@sl.universalservice.org&gt;

Good Afternoon,

Please see attached worksheet, and copies of the invoices we received from Holtger Bros.

The attachments area only for the 2 invoices in question. Please let me know if you need me to add all the others as well.

--

Diana Sepe  
Technology Director  
Little Chute Area School District  
1402 Freedom Rd  
Little Chute, WI 54140  
(920)788-7605 ext 7219

On Mon, Feb 26, 2018 at 2:37 PM, Saenz, Flor &lt;Flor.Saenz@sl.universalservice.org&gt; wrote:

SLD Invoice No	SP_App Invoice No	Line ID	Customer Billed Date	471	FRN	SPIN	Service Provider Name	Applicant Name
2778655	2016-BEAR Fiber	9072970	02-Jun-16	161042359	1699092881	143048367	Holtger Bros., Inc.	LITTLE CHUTE AREA SCHOOL DIST
2778655	2016-BEAR Fiber	9072971	02-Jun-16	161042359	1699092881	143048367	Holtger Bros., Inc.	LITTLE CHUTE AREA SCHOOL DIST

Good afternoon

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/ received from 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 service provider/third party listed on the bill is different from the service provider listed on the above FRN, please specify:
  - a. Whether a change of service provider occurred;
  - b. If not, please specify if 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 and the offer and authorization of the third party biller to bill the applicants for the services provided on its behalf.
      - ii. 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 the acceptance of the offer and authorization of the third party biller to bill the applicants for the services provided on behalf of the actual service provider.
- V. 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 service provider/third party listed on the bill is different from the service provider listed on the above FRN, please specify:
  - a. Whether a change of service provider occurred;
  - b. If not, please specify if 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 and the offer and authorization of the third party biller to bill the applicants for the services provided on its behalf.
      - ii. 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 the acceptance of the offer and authorization of the third party biller to bill the applicants for the services provided on behalf of the actual service provider.
- V. 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.

- VI. The bills received from 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).

#### **RESPONSE REQUIREMENT:**

Please provide this information to me as soon as possible within the next 7 calendar days, by End of Day Monday, 03/05/18. Failure to do so may result in a reduction or rejection of the invoice, without further request. In this 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.


Flor Saenz  
Case Management Associate


Schools and Libraries Program  
30 Lanidex Plaza West, Room N210 | Parsippany, NJ 07054  
T: 800.200.0818 ext 6796 | Direct: 973.581.6796 | F: 973.599.6539  
[Flor.Saenz@sl.universalservice.org](mailto:Flor.Saenz@sl.universalservice.org)

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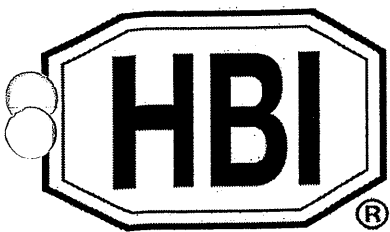
#### 4 attachments

 Invoice 161062.pdf  
37K

 Invoice 161063.pdf  
35K

 Worksheet Cert.pdf  
18K

 Worksheet.pdf  
54K



# HOLTGER BROS., INC.

950 West Main Avenue • De Pere, WI 54115

Little Chute Area School District  
Attn: Accounts Payable

Date: 06/02/16  
Invoice # 161062

Terms Net 30 Days

Location: W. North Ave., Little Chute

Date	Description	Total Extension
05/23/16 to 06/01/16	Partial Invoice Amount	\$83,900.00
	Less 10% Retainage	(\$8,390.00)
	Total Balance Due	\$75,510.00

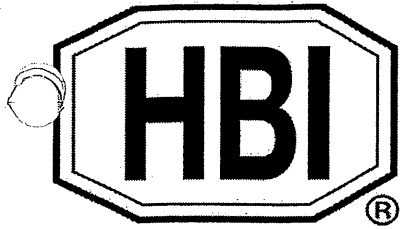
ANY QUESTIONS CONCERNING THIS INVOICE?

PLEASE CALL 920-337-9980.

All invoices not paid within terms are subject to a 1.5% finance charge per month.

THANK YOU FOR YOUR BUSINESS!!

6/2/16  
Dana Spe  
10 E 809 551 269 no ord



# HOLTGER BROS., INC.

950 West Main Avenue • De Pere, WI 54115

Little Chute Area School District  
Attn: Accounts Payable

Date: 06/02/16

Invoice # 161063

Terms Net 30 Days

Location: W. North Ave., Little Chute

Date	Description	Total Extension
05/23/16 to 06/01/16	Change Order #1 Amount	\$4,385.00
	Less 10% Retainage	(\$438.50)
	Total Balance Due	\$3,946.50

ANY QUESTIONS CONCERNING THIS INVOICE?

PLEASE CALL 920-337-9980.

All invoices not paid within terms are subject to a 1.5% finance charge per month.

THANK YOU FOR YOUR BUSINESS!!

6/2/16  
Dana L. Gipe  
105809 557 249021 000



### Worksheet Certification

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



Diana K Sepe

Print Name

Little Chute Area School District

Company /  
Organization

IT Director

Title

2/26/2018

Date