

Hello.

I am filing a waiver today to allow me to resubmit an invoice that was denied - to forgive the date deadline.

This invoice was originally submitted late in the year of 2016. I calculated the discounted invoice amount the same way I calculated previous invoices, but this one was denied. I did not realize it was denied or I was notified, and it slipped through the cracks.

Below are snaps of the 2016 transaction.

Thank you for considering allowing me to resubmit for this invoice.

Tim Fukui – TimF@comstar-usa.com

Comstar Technologies – 1155 Phoenixville Pike, Suite 114-115, West Chester, PA 19380

610-692-4021

SPIN : 143026028

FRN : 1699090297

IMPORTANT	
Please record this invoice's information in a secure place for future records	
InvoiceID: 2730332	
Security Code: 58597	
Continue>>	

[Home](#) | Client Service Bureau: 1-888-203-8100

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Do not write in this space.

Approved by OMB
OMB Control No. 3060 – 0856
Estimated time per response: 1.0 hour

Schools and Libraries Universal Service
Service Provider Invoice FCC Form 474

Please read instructions before completing

Service Provider Form Identifier Comstar Technologies
(Create an identifier for your own reference)

FCC Form 474 Invoice # 2730332
(To be inserted by administrator)

Block 1: Service Provider Information

1. Service Provider Name <u>Comstar Technologies</u>	
2. Service Provider Identification Number (SPIN) <u>143026028</u>	
3. Contact Person's Name <u>Tim Fukui</u>	
4. Contact Telephone Number	Area Code: 610 Phone Number: 6924021 Ext.
Contact Fax Number	Area Code: 610 Fax Number: 6924099
Contact Email Address <u>timf@comstar-usa.com</u>	
5. Total Invoice Amount (total of Block 2, Column 13) <u>350.40</u>	

Approved by OMB
OMB Control No. 3060 – 0856

SPIN <u>143026028</u>							
Service Provider Form Identifier <u>Comstar Technologies</u>							
Contact Person <u>Tim Fukui</u>							
Contact Telephone Number <u>610-6924021</u>							
Block 2: Funding Request Number Information							
6. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	7. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	9. Customer Billed Date (mm/yyyy)	10. Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	11. Total (Undiscounted) Amount for Service per FRN	12. Discount Rate	13. Amount Billed to USAC (Column 11 multiplied by Column 12)
				For each FRN, there should be an entry in Column 9 or Column 10 but NOT BOTH			
161041356	1699090297	ANNUALLY	11/01/2016		438	80	350.40
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM 5							

Do not write in this space.

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Service Provider Form Identifier <u>Comstar Technologies</u>	
Contact Person <u>Tim Fukui</u>	
Contact Telephone Number <u>610-6924021</u>	
Block 3: Service Provider Certifications & Signature	
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:	
<input checked="" type="checkbox"/> A. I certify that this Service Provider 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.	
<input checked="" type="checkbox"/> B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.	
<input checked="" type="checkbox"/> C. 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.	
14. Signature of authorized person <input checked="" type="checkbox"/>	15. Date 11/20/2017
16. Printed name of authorized person Tim Fukui	
17. Title or position of authorized person Accounting Operations Manager	
18. Telephone number of authorized person 610-6924021	
19. Address of authorized person 1155 Phoenixville Pike Suite 114-115 West Chester PA, 19380	