

From: Brandon Pasanen
To: [Taylor, Darci](#)
Subject: RE: SLD Invoices 2812210 & 2812216
Date: Thursday, May 31, 2018 7:49:39 AM

EXTERNAL EMAIL

Darci,

SLD invoice 2812210 was rejected because hours of maintenance work performed was not provided.
This was requested in my original outreach.

Unfortunately there is nothing further I can do at this time as the review decision is final.

I suggest you contact USAC client services for all further inquiries.

Their phone# is 888-203-8100

Their alternate modes of contact can be found here: <http://www.usac.org/about/tools/contact/default.aspx>

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@usac.org

From: Taylor, Darci [mailto:dtaylor@presidio.com]
Sent: Wednesday, May 30, 2018 6:40 PM
To: Brandon Pasanen <Brandon.Pasanen@usac.org>
Subject: RE: SLD invoices 2812210 & 2812216

Hi Brandon,

I just received my payment report and the invoice 2812210 listed below was rejected stating Incomplete documents.

I need to get this paid would you tell me what was missing?

Regards,
Darci

From: Brandon Pasanen [mailto:Brandon.Pasanen@usac.org]
Sent: Monday, May 14, 2018 1:52 PM
To: Taylor, Darci <dtaylor@presidio.com>
Cc: 'Darci.Taylor@1-301-313-9848' <IMCEAFAX-Darci+2ETaylor+401-301-313-9848@usac.org>
Subject: SLD invoices 2812210 & 2812216

EXTERNAL EMAIL

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
2812210	6023418000440	9171117	01-Aug-17	161039097	1699084357	143005378	Netech Corporation	ALTON COMM UNIT SCHOOL DIST 11	136353	35700	30345

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

BILLS:

Please submit:

- I. A copy of the summary page/s for the bill/s sent to Applicant, to show:
 - a. Bill Date / Ship Date,
 - b. Service Provider Name,
 - c. Bill-To Entity,
 - d. Current Charges,
 - e. Description of Products / Services Delivered,
 - i. Please provide written description of products / services when not indicated on bill. For example, Network Equipment is an insufficient description of product delivered.
 - ii. List of Equipment being maintained.
 - f. Hours of work performed (for Basic Maintenance of Internal Connections).
- II. If the service provider/ listed on the bill is different from the service provider of record for the above FRN, please specify:
 - a. Has a change of service provider occurred? Yes/No

- b. If No, please confirm 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
 - ii. The service provider's written and dated acceptance of the offer authorizing the third party biller to bill the applicants for the services provided on its behalf.
 - iii. 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 this FRN as well
 - iv. The billed entity's written and dated acceptance of the offer authorizing the third party biller to bill the applicants for the services provided on behalf of the actual service provider.
- III. If the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.

ADDITIONALLY:

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
2812216	60111180003438	9171122	01-Jan-18	171020913	1799052503	143015315	Presidio Networked Solutions LLC	POLK COUNTY SCHOOL BOARD	127814	31695.45	26941.13

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

BILLS:

Please submit:

- IV. A copy of the summary page/s for the bill/s sent to Applicant, to show:
 - a. Bill Date / Ship Date,
 - b. Service Provider Name,
 - c. Bill-To Entity,
 - d. Current Charges,
 - e. Description of Products / Services Delivered,
 - i. Please provide written description of products / services when not indicated on bill. For example, Network Equipment is an insufficient description of product delivered.
 - f. Hours of work performed (for Basic Maintenance of Internal Connections).
- V. If the service provider/ listed on the bill is different from the service provider of record for the above FRN, please specify:
 - c. Has a change of service provider occurred? Yes/No
 - d. If No, please confirm the third party listed on the bill is an authorized third party biller.
 - b) 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
 - ii. The service provider's written and dated acceptance of the offer authorizing the third party biller to bill the applicants for the services provided on its behalf.
 - iii. 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 this FRN as well
 - iv. The billed entity's written and dated acceptance of the offer authorizing the third party biller to bill the applicants for the services provided on behalf of the actual service provider.
- VI. If the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.

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, 05/21/2018. 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
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