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Invoice ID: 2660747
Created on 8/11/2017 2:27 PM
Last updated on 8/15/2017 5:05 AM

Applicant Form Identifier 14_7-6 FRN 2628343

Block 1: Header Information

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| | | |
|---|---|--|
| 1. Billed Entity Name TREVOR DAY SCHOOL | 2. Billed Entity Number 10253 | 3. Service Provider Identification Number (SPIN) 143020549 |
|---|---|--|

Applicant FCC Form 498 ID
443021404

.....

| | |
|-----------------------------------|----------------------|
| 4. Contact Name | RICHARD SENTURIA |
| 5. Contact Telephone Phone | (314) 282-3676 |
| Contact Fax | (314) 395-5882 |
| Contact Email | erp@erateprogram.com |

.....

6. Total Reimbursement Amount
(total from Block 2, Column 14)
\$ 2000.26

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) 966279 | 2628343 | MONTHLY | 7/1/2014 | | \$ 5000.64 | 40 | \$ 2000.26 | COMPLETED |

Block 3: Billed Entity Certification

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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 8/11/2017

17. Name RICHARD SENTURIA
18. Title/Position CONSULTANT
20. Address 1 9666 OLIVE BLVD
Address 2 SUITE 215
City OLIVETTE
State MO
Zip Code 63132 -

19. Phone Number (314) 282-3676
19a. Fax Number (314) 395-5882
19b. Email erp@erateprogram.com
19c. Name of Authorized Person's Employer eRate Program, LLC

OMB Number 3060 - 0856 Form 472

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