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Invoice ID: 2371001
Created on 4/7/2016 3:15 PM
Last updated on 4/7/2016 3:15 PM

Applicant Form Identifier 15_7-11 FRN 2760762

Block 1: Header Information

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1. Billed Entity Name	2. Billed Entity Number	3. Service Provider
ST FRANCIS CENTRAL SCHOOL	27518	Identification Number (SPIN)
		143036916

Applicant FCC Form 498 ID

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)
\$ 1048.25

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) 1017128	2760762		7/1/2015		\$ 690.42	30	\$ 207.13	AWAITING CERTIFICATION
2) 1017128	2760762		8/1/2015		\$ 690.42	30	\$ 207.13	AWAITING CERTIFICATION
3) 1017128	2760762		9/1/2015		\$ 704.42	30	\$ 211.33	AWAITING CERTIFICATION
4) 1017128	2760762		10/1/2015		\$ 704.42	30	\$ 211.33	AWAITING CERTIFICATION
5) 1017128	2760762		11/1/2015		\$ 704.42	30	\$ 211.33	AWAITING CERTIFICATION

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 4/7/2016

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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Client Service Bureau: 1-888-203-8100

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Invoice ID: 2697070
Created on 9/29/2017 2:45 PM
Last updated on 10/3/2017 5:08 AM

Applicant Form Identifier 15_7-6 FRN 2760762

Block 1: Header Information

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1. Billed Entity Name	2. Billed Entity Number	3. Service Provider
ST FRANCIS CENTRAL	27518	Identification Number (SPIN)
SCHOOL		143036916
Applicant FCC Form 498 ID		
443023422		

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)
\$ 1707.91

Block 2: Line Item Information Per Funding Request Number

[Need Help?](#)

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) 1017128	2760762	MONTHLY	7/1/2015		\$ 5693.04	30	\$ 1707.91	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 9/29/2017

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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