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Invoice ID: 2204327  
Created on 7/9/2015 1:36 PM  
Last updated on 7/9/2015 1:36 PM

Applicant Form Identifier 14\_1x FRN 2576597

### Block 1: Header Information

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1. Billed Entity Name	2. Billed Entity Number	3. Service Provider
NORTHWEST LUTHERAN	61335	Identification Number (SPIN)
SCHOOL ASSN		143036948
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)  
\$ 540

### 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) 946525	2576597		7/1/2014		\$ 600.00	90	\$ 540.00	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 7/9/2015

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 eRate Program, LLC  
Person's Employer

OMB Number 3060 - 0856 Form 472

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Client Service Bureau: 1-888-203-8100

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## View BEAR Invoice

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Invoice ID: 2658535  
Created on 8/10/2017 2:00 PM  
Last updated on 8/15/2017 5:03 AM

Applicant Form Identifier 14\_1x FRN 2576597

### Block 1: Header Information

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1. Billed Entity Name	2. Billed Entity Number	3. Service Provider
NORTHWEST LUTHERAN	61335	Identification Number (SPIN)
SCHOOL ASSN		143036948
Applicant FCC Form 498 ID		
443018642		

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)  
\$ 540

### 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) 946525	2576597	ONE-TIME	9/11/2014		\$ 600.00	90	\$ 540.00	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 8/10/2017

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 eRate Program, LLC  
Person's Employer

OMB Number 3060 - 0856 Form 472

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