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**Invoice ID:** 2142767  
**Created on:** 2/5/2015 8:31 AM  
**Last updated on:** 3/24/2015 5:02 AM

**Applicant Form Identifier:** FY14-ATT-1

**Block 1: Header Information**

Need Help?

<b>1. Billed Entity Name</b> PALATINE CC SCHOOL DISTRICT 15	<b>2. Billed Entity Number</b> 135307	<b>3. Service Provider Identification Number (SPIN)</b> 143001192
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<b>4. Contact Name</b>	Corey Bultemeier
<b>5. Contact Telephone Phone</b>	( 847 ) 963-3033
<b>Contact Fax</b>	( 847 ) 963-3061
<b>Contact Email</b>	bultemec@ccsd15.net

**6. Total Reimbursement  
Amount**  
 (total from Block 2, Column  
 14)  
 \$ 57277.59

**Block 2: Line Item Information Per Funding Request Number**

Need Help?

7. FCC Form 471 Application Number	8. Funding Request Number (FRN)	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (m/m/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) 960994	2611013	7/1/2014		\$ 1046.88	65	\$ 680.47	COMPLETED
2) 960994	2610961	7/1/2014		\$ 28801.44	65	\$ 18720.94	COMPLETED
3) 960994	2610991	7/1/2013		\$ 58271.05	65	\$ 37876.18	COMPLETED

**Block 3: Billed Entity Certification**

Need Help?

**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** 3/9/2015

<b>17. Name</b>	COREY BULTMEIER	<b>19. Phone Number</b>	( 847 ) 963-3033
<b>18. Title/Position</b>	DIRECTOR OF FISCAL SERVICES	<b>19a. Fax Number</b>	( 847 ) 963-3061
<b>20. Address 1</b>	580 N 1ST BANK DRIVE	<b>19b. Email</b>	BULTEMEC@CCSD15.NET
<b>Address 2</b>		<b>19c. Name of Authorized Person's Employer</b>	Palatine CC School District 15
<b>City</b>	PALATINE		
<b>State</b>	IL		
<b>Zip Code</b>	60067 - 8110		

**Block 4: Service Provider Acknowledgment**

Need Help?

**Contact Information for Service Provider Authorized Person:**

**Submission Date** 3/9/2015

<b>23. Name</b>	Lorraine Griffin	<b>25. Phone Number</b>	( 866 ) 364-3317
<b>24. Title/Position</b>	Sr. Contract/Sourcing Specialist	<b>25a. Fax Number</b>	( 847 ) 326-3689
<b>26. Address 1</b>	311 West Washington Street	<b>25b. Email</b>	lg8368@att.com
<b>Address 2</b>	16W34	<b>25c. Name of Authorized Person's Employer</b>	erate.legt@att.com
<b>City</b>	Chicago		
<b>State</b>	IL		
<b>Zip Code</b>	60606 - 1838		

**27. Applicant Remittance Information**

<b>Name</b>	Corey Bullemeier
<b>Title/Position</b>	Director of Fiscal Services
<b>Phone Number</b>	( 847 ) 963-3033
<b>Address 1</b>	580 N 1st Bank Drive
<b>Address 2</b>	
<b>City</b>	Palatine
<b>State</b>	IL
<b>Zip Code</b>	60067 - 8110

**Additional Comments:**