

Do not write in this space.

Schools and Libraries Universal Service
Service Provider Invoice FCC Form 474
This form can be filed online or by mail.

Please read instructions before completing

FCC Form 474 Invoice #

(To be inserted by administrator)

BLOCK 1: Service Provider Information

1. Service Provider Name

2a. Service Provider Identification Number (SPIN)

3. Contact Person's Name

4. Contact Telephone Number Area Code: Phone Number: Ext.

Contact Fax Number Area Code: Fax Number:

Contact Email Address

5. Invoice Number

6. Date Submitted to USAC

7. Total Invoice Amount (total of Block 2, Column 14)

SPIN _____

Service Provider Form Identifier _____

Contact Person _____

Contact Telephone Number _____

Block 2, Page ___ of ___
Make as many copies of this page as necessary and number the completed pages to assure that they are all processed correctly.

BLOCK 2: Funding Request Number Information

	8	9	10	11	12	13	14
	FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mmddyyyy)	Total (Undiscounted) Amount for Service per FRN	Discount Amount Billed to USA
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

For each FRN, there should be an entry in Column 11 or Column 12 but NOT BOTH

TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM 7

Block 3: Service Provider Certifications & Signature

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:

- A. I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.
- B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.
- C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person

16. Date

17. Printed name of authorized person

18. Title or position of authorized person

19. Telephone number of authorized person

20. Address of authorized person

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THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Do not staple the FCC Form 474.

Please submit this form to:

**SLD SPI FCC Form 474
P. O. Box 7026
Lawrence, KS 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form (pages 1-4) to:

**SLD Forms
ATTN: SLD SPI FCC Form 474
3833 Greenway Drive
Lawrence, KS 66046
888-203-8100**