RHCPP Invoicing - Help Guide

This Excel template will allow you to quickly and easily prepare Pilot Program Invoices for submission to the RHC Pilot SharePoint site. Upon completing the invoice, you will print it, sign it, and send it to your vendor who will also sign it, and return it to USAC. Instructions on using this template are outlined below

Download the latest version of the Excel Invoice File from SharePoint EVERY TIME!

You must download the latest version of the Invoice file from your project's invoice folder every time you wish to submit a new invoice

A) Log into SharePoint and click the Download Blank Invoices link in the Invoicing section of the left navigation menu. Then click on your project's HCP #. Your invoice file will be posted to your folder by the SharePoint team.

B) Right-click on the Excel Invoice File, and save it to your computer's desktop.

2. Enable Macros

To use the advanced features of this spreadsheet, the security settings in Excel must be configured so that Macros may be run. The steps to enable macros depend on the version of Microsoft Office you are using. For Office 2000, 2003:

When opening the spreadsheet, you may see a dialog with two options "Enable Macros" or "Disable Macros". Select "Enable Macros".

If you are not presented with a window when the spreadsheet loads then you should check that macros are enabled:

- A) Select Tools -> Macros -> Security from the main menu.
- B) Select the "Medium" Option.
- C) Click "OK"
- D) You may have to close and then re-open this template

For Office 2007

When opening the spreadsheet, you may see a message near the top of the Excel window that says "Security Warning: Some Active Content Has Been Disabled".

- A) Click Options.
- B) Select "Enable this Content".
- C) Click "OK".

3. Complete the Invoice

- A) Populate the items in header section of the invoice highlighted in blue (see reverse for details)
- B) Add items to the invoice from your approved NCW
- 1. Click the ADD ITEMS button.
- Select the <u>Funding Year</u> and <u>FRN</u> for which you wish to submit an invoice, then click <u>SELECT</u>
- You may only include items from one funding year and one FRN on an invoice. If you wish to submit more than one invoice, complete the information for one Funding Year/FRN, save the file, then start over again for the next Funding Year/FRN.
- On the next window, highlight the item(s) you wish to add to the invoice, then select ADD ITEM. When you are done, click CLOSE.
- Multi-select (holding down Ctrl & clicking multiple items, then clicking ADD ITEM) is not enabled for this window. You may, however, quickly add highlighted items to the invoice by hitting the ENTER key on your keyboard instead of clicking the ADD ITEM button each time
- You will not receive any feedback when you click ADD ITEM (or ENTER on the keyboard), but the items will be added to the invoice in the background. Click CLOSE to return to the invoice and view the added items.
- C) Complete the line item invoice information by entering information in the blue columns (see reverse for details)
- 1. Populate # of items/months requested
- 2. Populate Actual Cost Per Item
- 3. Populate RHC Funding % Requested (max 85%)
- Based on the information you enter in the columns noted above, if the Support Amount to be paid by USAC is greater than your Total Funds Remaining, the Support Amount cell will be highlighted in black. Correct these errors as necessary before submitting the invoice.
- If you enter a % greater than 85 in the RHC Funding % Requested column, an error message will be generated and the cell will be highlighted in black. Correct your error before submitting the invoice.
- 4. Total Invoice Amount will be calculated in the invoice header section. Below this amount will be the FCL Amount Remaining Before This Invoice. If the Total Invoice Amount exceeds the FCL Amount Remaining Before This Invoice, the Total Invoice Amount cell will be highlighted in black.

4. Save the Invoice

Once your entry of invoice information is complete, save a copy of the completed invoice to your computer

A) Use the File→Save menu to save the invoice using the following naming convention:

[Project Name]-[FRN]-[Invoice Date].xls. (Example: Sample Project-000000-050908.xls)

5. Print and sign the invoice

- A) Use the FORMAT FOR PRINTING button to prepare the invoice for printing. Upon clicking FORMAT FOR PRINTING, the following things will occur within the invoice:
- All empty (unused) rows will be removed from the invoice.
- The center columns of the invoice in the "Amount Remaining After Previously Submitted Invoices" section will be hidden for printing
- The items on the invoice will be re-sorted in order of ascending NCW ID (column #2). If any item
 has been inadvertently added to the invoice more than once, its NCW ID will be highlighted in
 black

Use the SHOW ALL button to return to full-screen mode if necessary.

- B) Use the File→Print menu to print a paper copy of the invoice, and the previously invoiced information will be hidden.
- C) Complete and sign the Project Coordinator certification this certification MUST be signed by the individual officially designated as the project PC
- D) Email (preferred), mail, or fax the signed invoice to the vendor with instructions on how to complete and sign the certification. Once the vendor signs the invoice it should be returned to USAC via email (preferred), mail, or fax to:

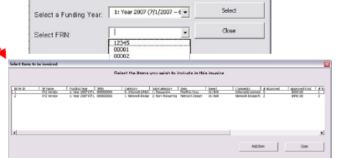
Email: RHCPilot@usac.org Fax: 973.599.6518

Select Funding Year and Service Provider

Mail: Rural Health Care Pilot Program 100 S. Jefferson St. Whippany, NJ 07981

Upload completed Excel Invoice File, scanned copy of signed invoice, and invoice supporting documentation to SharePoint.

- Click <u>Submit Completed Invoices</u>, then click your project name. Click year/month you are submitting the invoice.
- A) Upload the completed Excel Invoice File that you saved in step 4.
- B) Upload a scanned copy of the signed invoice that you sent to the vendor.
- C) Upload supporting documentation (e.g., bills from vendor that substantiate the line item costs on the invoice and any explanation for cost differences).



RHCPP Invoicing - Help Guide NOTE – YOU MUST DOWNLOAD THE LATEST VERSION OF THE INVOICE FILE FROM YOUR PROJECT'S INVOICE FOLDER EVERY TIME YOU WISH TO SUBMIT A NEW INVOICE!!! FORMAT FOR PRINTING Cells and columns Invoice Header 9. Total Eligible Cost - % 13. Total Actual Cost When you are ready to submit, click to Invoice Data highlighted in blue BLUE - PC Completes BLACK - Auto-populated BLUE - PC Completes of the cost that is eligible - Calculated as the # prepare the invoice for printing and must be completed Project Name - Official Project Name BLACK - Auto-populated for RHCPP funding per of items/months remove all empty (unused) rows. SPIN & Vendor Name - Populated based on the vendor by the PC. All other your cost allocation on the requested multiplied Then use File→Print to print the 1. Invoice ID - Line item you select when you use the OPEN button to add items areas will be auto-NCW by the actual cost per completed invoice. number for this invoice to the invoice 10. Total Funds Remaining populated or SHOW ALL 2. NCW ID - Line item number Vendor Invoice Number - ID number from the vendor's -Total dollar amount 14. RHC Funding % calculated by the Click to return to full screen mode from the approved NCW invoice/bill Requested (max approved on your NCW (add the empty/hidden items back to 3-6. Category, Sub Category, invoicing Invoice Date to RHCD - Date you completed & Signed 85%) - Will default to minus any value you have Item & Comments - Display application. the invoice) this invoice previously submitted 85% for all line items. the information you entered Total Invoice Amount - Total amount of funding invoices for but if you wish to on your NCW requested this invoice CLEAR DELETE ADD ITEMS 11. # of items/months request less than 7. Total # of Items/Months Delete single line Delete all FCL Amount Remaining Before This Invoice - The Open the requested - Number of 85% for a particular Remaining - Total number of line items on items. First select amount of funding remaining on the FCL you selected. If Network Cost items/months you wish to item, you may do so items/months approved on "Y" in the Delete the invoice amount exceeds the FCL Amount the invoice. Worksheet to be reimbursed for on this by modifying this your NCW minus any items/ Remaining, the total invoice amount will be highlighted in column below for add line items and reset it invoice column months you have previously the row(s) you wish black to your invoice to its 12. Actual Cost Per Item -15. Support Amount submitted invoices for HCP Number - Project's official HCP Number to delete, then click starting the actual cost paid per to be paid by USAC 8. Committed Cost Per Item/ FRN & Funding Year - Populated based on the FRN and the DELETE button state item (may be equal to, or - Total amount of Month - Cost committed per Funding Year you select when you use the the ADD greater than/less than support requested for item/month on the NCW ITEMS button approved cost from NCW) the line item on this /Delete Format For Printing invoice Add Items Clear Project Name Test Project 4 indicates a warning Funding Year 1: Year 2007 OR RHCD USE ONLY 000000004 SPIN that invoice amount Return To: Vendor Name Sample Vendor Rural Health Care Pilot Program RHCD Processed Date exceeds the FCL Vendor Invoice Number 123.856.9872 100 South Jefferson Road Number of Records Amount Remaining. Invoice Date to RHCD (mm/dd/yy) 9/1/2008 Whippany, New Jersey 07981 Number of Records Approved Correct before Total Invoice Amount \$21,250.00 Fax to: 973-599-6518 RHCD Approved Total Amount submitting the invoice FCL Amount Remaining Before This Invoic 08/05/08 Generated Date Funding Year 2: Year 2008 **HCP Number** FRN Amount committed on NCW and remaining after Items Requested This Invoice RHCPP Support Amount previously submitted invoices 12. Total Actual 11. Total # of 14. RHC Cost Per Item Cost (\$) 4. Sub Categor Funding % Items: (100%) 3. Category 5. Item 6. Comments FRN Code iid by USA0 Months Requested Cost (%) (as invoiced by (max 85%) Requested vendor) Network Design 0001 recurring Equipment 4: Infrastructure/Outside Plant : Recurring 4: Cable, copper mondal 4 400.0 340.00 00001 construction 123050 4: Infrastructure/Outside Plant \$ 1,666.0 : Recurring \$ 8,500.00 4: Cable, copper Comment 4 1,000.00 Construction) Vendor Certific Black highlighting indicates a I certify that I am are true and corr warning that the same item When you add a line item to the ntained in this invoice This section will provide a calculation of your quantity/ Complete the blue columns in has been added to the invoice invoice using the ADD ITEMS dollar value remaining for the item by subtracting what this section to indicate the more than once. Highlighting button at top, these columns will be has already been submitted on previous invoices from quantity and price of each item will appear after you click populated with information from Print Name the quantity/dollar value approved for the item on the requested on this invoice. FORMAT FOR PRINTING. your approved NCW NCW. Note: When you click the FORMAT FOR PRINT Correct errors before button, this section will be hidden. To un-hide, click the Project Coordina

SHOW ALL button.

oviders have received

was funded by eligib

Black highlighting indicates that the

exceeds the support remaining for the

item. Correct these errors if necessary

support amount requested for the line item

submitting if necessary.

CERTIFICATIONS

provided to the ven

Signature:

Print Name

Legify that I have submitting in necessary.

a Rural Health Care Pliot Program Invoice, and to the be itemiced on this vivoice. I centry under penary or perjury that the 15 percent minimum funding contribution for each

Certifications must be completed and signed by the officially

_	designa	atea	Project	Coor	dinator	and	by:	tne	vendor.	Invoic
	will only	/ be	accepte	ed if b	oth sigi	natui	res	are	included	1.

before submitting the final invoice

D	iert Name		Tomat	ate		1					Choose	ntion	1	EUB brice :	ISE ONI V	_
SP Ve	ject Name IN ndor Name		Templ	ate							Choose return of 1)Email: RHCPilo 2)Mail: RHC Pilo 30 Lanidex Plaz	ption: ot@usac.org t Program		FOR RHCD U Header Verifi	DUCD Brocorood	Date
Ve	ndor Invoice I	lumber RHCD (mm/ddlyy)									30 Lanidex Plaz PO Box 685	West			Number of Record Number of Record	ls Is Appn
FC	L Amount Rer	nount naining Before This Invoice:		\$0.00 \$0.00							PO Box 685 Parsippany NJ 3)Fax: 973-599-6	518		1/11/81	RHCD Approved T Generated Date	Fotal A
Fu	nding Year P Number			0			Amount co	mmitted on NCW a	nd remainin	g after previously		December of This is		3/25/10	Template Build Da	ñ
												Requested This In	14 Total Eligible		upport Amount	1
OFFIETE	2 NCW ID	3. Category	4. Sub Category	5. Itemized Description, Component	6. Itemized Description, Speed	7.Comments	8. Total # of Items / Months	9. Committed Total Cost per Item / Month (100%)	10. Total Eligible Cost (%)	11. Total Funds Remaining	12. Total # of Items / Months Requested	13. Total Actual Cost Per Item (100%) (as invoiced by vendor)	14. Total Eligible Cost (\$) (total actual cost * %eligible)	15. RHC Funding % Requested (max 85%)	16. Support Amount to be paid by USAC (max 85%)	FR
8				Component			Remaining	(100%)	Cost (%)		Requested	vendor)	* %eligible)	(max 85%)	(max 85%)	4
	2															1
	4															ł
	6															1
	8															1
	9 10															1
	11															1
t	13															1
t	14 15 16															1
F	17 18															1
F	20															4
	21 22 23															4
F	24 25 26															1
F	26 27															1
F	27 28 29						<u>L</u>									H
F	30 31 32 33															ł
F	32 33															1
	34 35 36															1
Ė	36															1
t	37 38 39															1
F	40 41 42 43															4
F	43															4
F	44 45 46 47															1
	47															ł
	48 49 50															1
H	51 52 53															H
	53 54															1
Ł	54 55 56															1
	57 58 59 60															1
	59 60															1
ŧ	61 62 63															1
t	64 65 66															4
																1
F	68															4
	68 69 70 71 72															4
	72 73															1
Н	73 74 75 76															1
	77															1
ŧ	78 79															1
t	80 81															1
t	81 82 83															1
	84 85 86 87 88															4
F	87															4
+	90															1
H	91 92 93															1
	94						<u>L</u>									1
F	95 96															ı
E	95 96 97 98 99 00 01															1
E	99															1
E	.02															1
H	.04															1
F	106															4
F	02 03 04 05 06 07 08 09 110															4
F	110															1
F	12															1
F	14															1
F	16						L									1
E	18															1
E	20															₽
E	22															1
E	25															1
Ė	26															1
F	29															1
	31															4
F	33															4
H	135															1
F	13 14 14 15 16 17 17 18 19 19 19 19 19 19 19															1
	39 40															ı
	41															П

Vendor Initial

_						Kurai Hea	aith Care	Pilot Progam	invoice							
HCP I	lumber			0			Amount co	mmitted on NCW a	nd remaining	g after previously	Items	Requested This In	voice	RHCPP SI	upport Amount	
HCP P FRN 142 143 144 147 148 150 151 152 153 154 155 156 157												13. Total Actual Cost Per Item (100%) (as invoiced by vendor)			16. Support Amount to be paid by USAC (max 85%)	1
8	2. NCW ID	3. Category	4. Sub	5. Itemized Description, Component	6. Itemized Description, Speed	7.Comments	8. Total # of Items / Months Remaining	9. Committed Total Cost per Item / Month (100%)	10. Total Eligible Cost (%)	11. Total Funds Remaining	12. Total # of Items / Months Requested	Cost Per Item	14. Total Eligible Cost (\$) (total actual cost * %eligible)	15. RHC Funding % Requested (max 85%)	16. Support Amount to be	
ê ê	5	3. Category	4. Sub Category	Component	Speed	7.Comments	Months	Item / Month	Cost (%)	Remaining	Requested	(as invoiced by	(total actual cost	Requested	paid by USAC	FRN Code
1	2.						Remaining	(100%)			- 4	vendor)	* neigible)	(max 85%)	(max 85%)	ı
142																1 -
143																_
145																_
146																
147																
140																_
150																
151																_
152															-	_
154																
155																_
156							_									_
158																
159																
159 160 161 162 163 164 165							_							_		_
162																_
163																
164							_									
166																_
167																1 =
168							_								-	-
170																
171																1 =
172							_									-
174																1 -
175																1 =
176																1 -
179																1 -
166 167 168 169 170 171 172 173 174 175 177 178 180 181 181 182 183 184 185 185 186 186 186 186 186 186 186 186 186 186																1 =
180																1 -
181																1 -
183																1 =
184															-	1 -
186																1 -
187																1 =
188																1 -
190																1 -
187 188 189 190 191																1 =
192																1 -
194																1 -
193 194 195 196 197 198 198 200 201 202 203 204 205 206 206 208 209 210 211 211 211																1 =
196							-							-	-	_
197																1 =
199																
200							_								-	-
202																
203																1 =
204															$\overline{}$	
205																
207																
208																_
209																_
211																
212							-									_
213																
215																
216																
217																_
219																
220																
221																
223																
224																
225							_							_	-	_
227																
228																
229																
231																1 =
232															$\overline{}$	_
233																_
235																1 =
236																-
237																1 -
214192 21																1 =
240																
241																
243																
244																1 -
245																1 -
247																1 =
248																1 -
250																
251																1 =
252																_
254																1 =
255																1 -
256																1 -
258																1 =
259																1 -
260																1 -
262																1 =
263																
264																1 -
266																1 =
267																1 =
268																1 -
270																
271																1 -
273																1 -
																1 =
274																1 -
274																1 -
274 275 276 277																1 -
274 275 276 277 278																1 -
274 275 276 277 278 279																1 -
274 275 276 277 278 279 280																4 -
274 275 276 277 278 279 280 281 282																
274 275 276 277 278 279 280 281 282 283																1 -
274 275 276 277 278 279 280 281 282 283																
274 275 276 277 278 279 280 281 282 283 284 285 285 285 286																
274 275 276 277 278 279 279 280 281 282 283 284 285 285 286 287 287																
274 275 276 277 278 279 289 281 282 283 284 285 286 287 287																
274 275 277 278 279 280 281 282 283 284 285 286 287 288 288 288 289 299 200 200 200 200 200 200 20																
241412424242424242424242424242424242424																

6 of 12 Vendor Initial_____

_						Nui ai nec		Pilot Progam								
HEPN K 18	lumber			0			Amount co	mmitted on NCW a submitted	nd remaining invoices	g after previously	Items	Requested This In	voice	RHCPP S	upport Amount	
293 294 295 296	01/			5. Itemized			8. Total # of	9. Committed	10. Total		12. Total # of	13. Total Actual Cost Per Item (100%) (as invoiced by vendor)	14. Total Eligible	15. RHC	16. Support	
Invol	2. NCW ID	3. Category	4. Sub Category	5. Itemized Description, Component	 Itemized Description, Speed 	7.Comments	8. Total # of items / Months Remaining	9. Committed Total Cost per Item / Month (100%)	10. Total Eligible Cost (%)	11. Total Funds Remaining	12. Total # of Items / Months Requested	(100%) (as invoiced by	14. Total Eligible Cost (\$) (total actual cost * %eligible)	15. RHC Funding % Requested (max 85%)	16. Support Amount to be paid by USAC (max 85%)	FRN Cod
- 4	-2						Remaining	(100%)				vendor)	* neigible)	(max 85%)	(max 85%)	
293																
295 296																
297																
298 299																1 =
300																_
302																
303 304																
305																_
306							_									_
308																
310																
311 312																_
313																
315																1 =
316							_							_		
318																
319																
321																_
323																
324 325																_
326																1 -
328																
329 330																-
331																-
333																1 =
334																-
336																1 =
337																1 =
339																-
341																1 =
342																_
344																1 -
346																
347 348																-
349																_
351																1 =
352 353																_
354																
355 356																
357																
359																
360 361							-									
362																
363 364																_
365 366																_
367																
368 369																_
370																
372																
373 374																_
375																
376																
378																_
380																
381																
383																_
385																
386																_
388																
390																1 =
391 392																-
393																-
394																1 =
396 397																1 =
398																1 -
399 400																1 =
401 402																-
403																
404																1 =
406 407							-									-
408																1 =
410																1 =
411																-
413																1 =
414 415																
416																1 -
418																1 =
415 416 417 418 419 420 421 422 423 424 425 426 427 427 427 431 432 433 434 435 437 437 438 437 438 439 439 440 441 442 442 442 442 442 443 444 444 444 444																-
421																1 -
423																1 =
424 425																-
426																1 =
427 428																-
429																1 -
430 431																1 =
432																-
434																1 =
435 436																
437																1 -
439																1 =
440 441																1 =
442																
443																

7 of 12 PC Initial
Approval by OMB 3060-0804
Estimated time per response: 1 hour Vendor Initial

Column
Column
Column
Column
Section
Column
Column
Column
Mail
Column
Column
Column
Column
March
Column C
Section
Column
Second
Sign
100 100
Second
Section
Section
10 10 10 10 10 10 10 10
Signature
150 150
SS
100 100
SS
Column C
100 100
153 153
10 10 10 10 10 10 10 10
536
Section Sect
Section Sect
5-52
Section
Second
Section
Column C
SSO
SSC SSC
556
100 100
1
150 150
Column C
Second
556
200
551
556
C C C C C C C C C C
572 573 573 573 573 573 573 573 574 575 577 577 578
ST4
571 571 572 573 573 574 575 575 575 575 575 575 575 575 575
571 578 579 579
579
561
582 S S S S S S S S S S S S S S S S S S S
586
- 536 - 536
587 588
569
991
39/2

8 of 12 Vendor Initial

							. Rurai nea		Pilot Progam								
	FRN	Aumber			0			Amount co	mmitted on NCW a submitter	nd remaining finvoices	g after previously	Items	Requested This In	voice	RHCPP S	upport Amount	
	e ID	9			E Homizod			8. Total # of	9. Committed	10 Total		12 Total # of	13. Total Actual	14. Total Eligible	15. RHC	16. Support	
	wole	NCW	3. Category	4. Sub Category	Description, Component	 Itemized Description, Speed 	7.Comments	Items / Months	Total Cost per Item / Month	Eligible Cost (%)	11. Total Funds Remaining	Items / Months	(100%) (as invoiced by	Cost (8) (total actual cost	Funding % Requested	Amount to be paid by USAC	FRN Code
	4 4	-2			Component			Remaining	(100%)	Coat (n)		Requested	vendor)	* %eligible)	(max 85%)	(max 85%)	ıl.
	595	1															
	597																
	598																_
	600																
	601							_									_
	603																
	604																
	606																
	607	+															
	609																
	610	_															
	612																
	613	_															
	615																
	616																_
	618	1															
	619	_															_
	621																
	622	-						-									_
	624																
	625	4															1 -
	627																
	628	1															1 -
	630																1 =
	631																-
	633																1 =
																	-
	636																-
	638																
	639																-
	641																1 =
	642																-
	644																=
	645																1 -
	647																1 =
	648																-
	650	1															
	651	,						_							_		
	653																
	654	-						_									_
	656																
	657	-						_									_
	659																
	660	_						-									_
	663 664	-						_									_
	665																
	666	_															_
	668																
	670	_															
	671																
	673	_						_									
	674																
	676																
	677																
	679																1 =
	680																
	682	ž –															
	683							-							-		_
	685	i															1 =
	686							_									_
	688																1 =
1																	-
1	691																1 =
1	692																-
1	694																-
072																	
1	697																-
1	699																1 =
1	700																
1	702																-
1	703																
1707 1 1 1 1 1 1 1 1 1	705																-
100																	
175	708																1 -
12	710																1 =
1712	711																1 -
10	713																1 =
1 766	714																-
1712	716																
139	717																-
100	719																_
1722	721																
1	722																-
175	723																-
	725																-
1 728	727																1 =
	728	=															1 -
721	730																
- 150	731																1 =
Triple	732																
1 - 750	734																1 -
727	735																1 -
1 628	737	=															1 =
74	738																
160	740																1 =
1 1G	741																1 -
745	743																1 -
		4															1 -

FROM 8. Todal or of 9. Committed envices minus requirement in information in internal management in information in informatio	_						Kurai nea		Pilot Progam								
					0			Amount co	mmitted on NCW a submitted	nd remaining invoices	g after previously	Items	Requested This In	voice	RHCPP S	upport Amount	ıl ı
	01 60	01/			5. Itemized			8. Total # of	9. Committed	10. Total		12. Total # of	13. Total Actual Cost Per Item	14. Total Eligible	15. RHC	16. Support	íl –
	nvoic	NC.	3. Category	4. Sub Category	Description, Component	6. Itemized Description, Speed	7.Comments	Months	Total Cost per Item / Month	Eligible Cost (%)	11. Total Funds Remaining	Items / Months Requested	(100%) (as invoiced by	Cost (8) (total actual cost	Funding % Requested	Amount to be paid by USAC	FRN Code
	-1	-2						Remaining	(100%)				vendor)	* neigible)	(max 85%)	(max 85%)	(
	747																1 =
	748																1 —
	750																
	751 752														.		
	753																1 —
	755																1 =
	756 757														 		1 —
	758																1 =
	759																
	761 762														-		1 —
	764 765																1 =
	766 767														-		1 -
	768																1 =
	769																1 =
	771														.		1 -
	773																4 =
	775																1 =
	776																1 -
	778																1 =
																	1 =
	781																1 =
	783																1 =
	784 785																1 =
	786																1 =
	788																1 =
	789 790																1 =
	791																1 =
	793																1 =
	794 795																1 =
	796																1 =
	798																1 =
	799 800																1 =
	801																1 =
	803																1 =
	804																1 -
	806																1 -
	808																1 =
	809 810																1 -
	811																1 =
	813																1 =
	814 815																1 -
	816																1 =
	818																1 =
	819 820							_									1 -
	821																1 =
	823																1 =
	824 825																1 -
	826																1 =
	828																1 =
	829 830							_									1 =
	831																1 =
	833																4 =
	834 835																1 =
	836																1 –
	838																1 =
	839 840																1 =
	841																1 -
	843																1 =
	844 845																1 =
	846 847																1 -
	848																1 =
	849 850																4 =
	851 852																1 -
	853																1 =
	855																4 =
	856 857																1 -
	858																1 =
	860																4 =
																	1 -
	863																1 =
	865																1 =
Second S	866 867																1 -
Column C	868																1 =
	870																1 =
172	871																1 -
	873																1 =
100	875																1 =
10	876 877																1 -
	878																1 =
	879 880																1 =
1	881							-							-		1 =
001 002 003	883																1 =
	884 885																1 -
500	886																1 =
	888																4 =
501	889 890																1 -
555 554 556 560	891																1 =
25/4	893																4 =
896	894 895																1 -
	896																0 I

10 of 12 Vendor Initial

Rural Health Care Pilot Program Invoice Announce committed on NEW and remaining after previously being remained after the remaining after previously being remaining															
991 991 991 991 993 993 995 996 996 996	2. NCW ID	3. Category	4. Sub Category	5. Itemized Description, Component	6. Itemized Description, Speed	7.Comments	8. Total # of Items / Months Remaining	9. Committed Total Cost per Item / Month (100%)	10. Total Eligible Cost (%)	11. Total Funds Remaining	12. Total # of Items / Months Requested	13. Total Actual Cost Per Item (100%) (as invoiced by vendor)	14. Total Eligible Cost (8) (total actual cost * %eligible)	15. RHC Funding % Requested (max 85%)	16. Support Amount to be paid by USAC (max 85%)
896															
900															
903															
904															
900															
909															
910 911 912 913															
913															
914 915 916															
917															
919															
923 923 924 925															
925															
926 927 928 929															
931															
933 933 933 934															
935 936 937															
938															
939															
500															
946															
948															
948 949 950 953 953															
952															
953 954 955															
950															
958 959															
963 963															
968 968 968															
969															
969 970 971 972															
974															
975															
977															
976 977 978 979 980 981															
983 984 985 986															
985															
983 988 989 990															
990															
993 993 993															
000															
997 998 998 1000															
1000															
certi	or Certification y that I am an a rk build-out or s ture : Name :	uthorized representative of the aborelated services received by each pu	ive-named vendo articipating health	or, that I have exar h care provider. Date :_ Email : _	nined the information provi	ded in the Rural Health Ca		am Invoice, and to t			ation and belief, all o	osts contained in this	s invoice are true ar	ed correct and e	apresent actual incum
certi	ct Coordinate y that I have ex it minimum fun	or Certification amined the information provided in ding contribution for each item on the	the Rural Health	n Care Pliot Progra ed by the Rural He	m Invoice, and to the best aith Care Pilot Program ru	of my knowledge, informat les was funded by eligible		, the participating he fined in the rules ar Phone#:	naith care pro nd has been p	viders have received rovided to the vend	d the network build- or.	out or related service	s itemized on this in	voice. I certify	under penalty of perju
rint	Name :			Email : _			,								

11 of 12 PC Initial Approval by OMB 3050-0804 Estimated time per response: 1 hour

					Template Invoici	ng Report						
		Ruval Health Co	re Pilot Program									
TICA		Rurai Healin Ci	ire I noi I rogram		FRN:					Total Amount		\$ -
USP	AC \				Funding Year:					Total Amount	Invoiced:	\$ -
Universal Servio	e Administrative Company	The West Control			Service Provider:					Total Amount	Remaining:	\$ -
Helping Keep	Americans Connected				SPIN:					Report Date:		1/11/1981
NCW ID	Category	Sub-Category	Component	Speed	Comments	Num of Items Committed	Cost Per Item	Num of Items Invoiced	Num of Items Remaining	\$ Committed	\$ Invoiced	\$ Remaining