**Schools and Libraries Universal Service**

Service Provider Invoice Form 474

(Note: This is a representative description of the information to be collected electronically. This table is not a visual representation of what service providers will see when they use the online FCC Form 474).

|  |  |  |
| --- | --- | --- |
|  |  |  |
|

|  |  |  |
| --- | --- | --- |
|

|  |
| --- |
| **Form 474** |
| **Service Provider Invoice FCC Form 474** |

 |
|
|  |

 |

|  |
| --- |
| **Field** |
|
|  |

 |

|  |
| --- |
| **Rules** |
|
|  |

 |
|  |  |  |
| **Service Provider Form Identifier (Create an identifier for your own reference)**  |  | **Must be entered using alphanumeric characters; if the form is converted to a printable format, this information will populate on each page of the form.** |
| **FCC Form 474 Invoice# (To be inserted by Administrator)** |  | **Automatically populates from system once form is saved or completed** |
|  |  |  |
| **BLOCK 1: Service Provider Information** |
| **Service Provider Name** | **1** | **Must be entered using alphanumeric characters** |
| **Service Provider Identification Number (SPIN)** | **2** | **Must be entered using a valid nine digit SPIN number (1430XXXX); if the form is converted to a printable format, this information will populate on each page of the form.** |
| **Contact Person's Name** | **3** | **Must be entered using alphabetic characters; if the form is converted to a printable format, this information will populate on each page of the form.** |
| **Contact Telephone Number** | **4** | **Must be 10 digits (xxx-xxx-xxxx); if the form is converted to a printable format, this information will populate on each page of the form.** |
| **Contact Fax Number** |  | **Must be 10 digits (xxx-xxx-xxxx)** |
| **Ext.** |  | **Must be entered using numeric characters** |
| **Contact Email Address** |  | **Valid email address must be entered. Email must be composed of a username and domain name (username@domain.extension)** |
| **Total Invoice Amount**  | **5** | **System populated this field based numeric data entered into Block 2** |
|  |  |  |
|  |  |  |
|  |
|  |  |  |
| **BLOCK 2: Funding Request Number Information** |
| **FCC Form 471 Application Number (from Funding Commitment Decision Letter)** | **6** | **Must be entered using valid six digit application number** |
| **Funding Request Number (FRN) (FRN from funding Commitment Decision Letter)** | **7** | **Must be entered using valid seven digit Fund Request Number. A new line will be added for each FRN.** |
| **Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)** | **8** | **Must be chosen from drop down menu** |
| **Customer Billed Date (mm/yyyy)** | **9** | **Must be entered in valid date format (MM/DD/YYYY). This field will be visible for reimbursement requests for FRNs for recurring services or multiple installments of non-recurring services.** |
| **Shipping Date to Customer or Last Day of Work Performed (mm/yyyy)** | **10** | **Must be entered in valid date format (MM/DD/YYYY). This field will be visible for reimbursement requests for FRNs for** **non-recurring services (such as Internal Connections).** |
| **Total (Undiscounted) Amount for Service** | **11** | **Must be entered in numeric characters** |
| **Discount Rate** | **12** | **Populates once FRN data has been entered**  |
| **Amount Billed to USAC**  | **13** | **Populates once numeric data has been entered**  |
| **TOTAL REIMBURSEMENT AMOUNT**  |  | **Populates once numeric data has been entered**  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Block 3: Service Provider Certifications & Signature** |
| **Signature of authorized person**  | **14** | **Check box to sign electronically**  |
| **Date** | **15** | **Populates once the Service Provider checks the signature box. This becomes the "Submitted to SLD on" date** |
| **Printed name of authorized person** | **16** | **Populates based on Service Provider login credentials**  |
| **Title or position of authorized person** | **17** | **Populates based on Service Provider login credentials (alphanumeric data may be edited using correct format)** |
| **Telephone number of authorized person** | **18** | **Populates based on Service Provider login credentials (alphanumeric data may be edited using correct format)** |
| **Address of authorized person** | **19** | **Populates based on Service Provider login credentials (alphanumeric data may be edited using correct format)** |
| **CERTIFICATIONS: 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:**1. **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.**
2. **I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.**
3. **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.**
 |  |  |