

## Rural Health Care Telecommunications Program

### Invoice Form

Note: This is a representative description of the information to be collected via the online portal and is not intended to be a visual representation of what each applicant will see, the order in which they will see information, or the exact wording or directions used to collect the information. Where possible, information already provided by applicants from previous filing years or that was pre-filed in the system portal will be carried forward and auto-populated into the form.

This form is effective for funding year 2020.

Item #	Field Description	Purpose/Instructions
1	Service Provider Name	Auto-generated by the system: This is the name of the service provider submitted on the FCC Form 466.
2	498 ID for the Service Provider	Auto-generated by the system: The selected service provider's 498 ID (formerly the Service Provider Identification Number (SPIN) ID). The 498 ID is pulled from the FCC Form 466 for an FRN.
3	Invoice Number	This number is listed on the service provider's bill.
4	Invoice Date	The date that the invoice is submitted to the Administrator.
6	Health Care Provider (HCP) Number	Auto-generated by the system: This is the unique identifier included on the Request for Funding (FCC Form 466).
7	Funding Request Number (FRN)	Auto-generated by the system: This is a unique identifier auto-generated by the system on the FCC Form 466 and provided in the funding commitment letter to the applicant.
8	Funding Year: Funding Start Date	Auto-generated by the system: This displays the date funding began for this FRN. Taken from information provided on the Request for Funding (FCC Form 466). Funding years start on July 1 of each year and end on June 30 of the following year.
9	Funding Year: Funding End Date	Auto-generated by the system: This displays the date funding will end/ended for this FRN. Taken from information provided on the FCC Form 466.
10	HCP Entered Billing Account Number (BAN)	The BAN is listed on the service provider's bill.
11	Service Start Date	User enters the service date for the provided service.
12	Billing Period Start Date	The first date of the billing period for the invoice.
13	Billing Period End Date	The last date of the billing period for the invoice.
14	Support Amount to be Paid by	The system will calculate and display the total amount of the line item expense that may be paid

	USAC	by USAC for the line item.
16	Supporting Documentation	Optional. Provides the option for the user to upload and submit documents to support its invoice form.
17	I certify under penalty of perjury that I am authorized to submit this invoice form on behalf of the service provider.	The service provider’s representative must provide this certification to participate in the RHC Program. The Authorized Person is required to provide all required certifications and signatures.
18	I certify under penalty of perjury that the information contained in the invoice is correct and the applicant(s) and the Billed Account Number(s) listed above have been credited with the amounts shown under “Support Amount to be Paid by USAC.”	See Item 17 Purpose/Instructions above.
20	I certify under penalty of perjury that I have complied with all RHC Program requirements, including all applicable Commission rules.	See Item #17 Purpose/Instructions above.
21	I certify under penalty of perjury that I have received and reviewed the Health Care Provider Support Schedule, invoice form and accompanying documentation, and that the rates charged for the provided or delivered telecommunications services, to the best of my knowledge, information and belief, are accurate and comply with the Commission’s rules.	See Item #17 Purpose/Instructions above.

22	I certify under penalty of perjury that the applicant paid the appropriate urban rate for the telecommunications services.	See Item #17 Purpose/Instructions above.
23	I certify under penalty of perjury that I charged for only eligible services provided or delivered to the applicant prior to submitting the invoice for payment and accompanying documentation.	See Item #17 Purpose/Instructions above.
24	I certify under penalty of perjury that I have not offered or provided a gift or any other thing of value to the applicant (or to the applicant's personnel, including its consultant).	See Item #17 Purpose/Instructions above.
25	I certify under penalty of perjury that any consultants or third parties associated with this funding request or application do not have an ownership interest, sales commission arrangement, or other financial stake in the service provider chosen to provide the requested services, and that they have otherwise complied with RHC Program rules, including the Commission's rules requiring fair and open competitive bidding.	See Item #17 Purpose/Instructions above.

26	I certify under penalty of perjury, as a condition of receiving support, that I will provide to applicants, on a timely basis, all information and documents regarding supported equipment, facilities, or services that are necessary for the applicant to submit required forms or respond to Commission or Administrator inquiries.	See Item #17 Purpose/Instructions above.
27	I understand that all documentation related to the delivery of supported services or demonstrate compliance with the rules must be retained for a period of at least five years after the last day of the delivery of discounted services pursuant to 47 CFR § 54.631, or as otherwise prescribed by the Commission's rules.	See Item #17 Purpose/Instructions above.
28	Signature	The Authorized Person is required to provide all required certifications and signatures. The invoice form must be certified electronically.
29	Date Certified and Submitted	Auto populated by system.
30	Date Signed	Auto populated by system.
31	Authorized Person Name	This is the name of the Authorized Person certifying the invoice form. This field will be auto-populated if the name of the Authorized Person is already within the system.
32	Authorized Person's Employer	This is the name of the employer of the Authorized Person certifying the invoice form. This field will be auto-populated if already within the system.
33	Authorized Person's Title/Position	This is the title of the Authorized Person certifying the invoice form. This field will be auto-populated if already within the system.
34	Authorized Person's Mailing Address	This is the address (can be physical address or mailing address) of the Authorized Person certifying the invoice form. This field will be auto-populated if already within the system.

35	Authorized Person's Telephone Number	This is the telephone number of the Authorized Person certifying the invoice form. This field will be auto-populated if already within the system.
36	Authorized Person's Email Address	This is the email address of the Authorized Person certifying the invoice form. This field will be auto-populated if already within the system.
37	Authorized Person's Fax Number	This is the fax number of the Authorized Person certifying the invoice form. This field will be auto-populated if already within the system.

**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 54 of the Federal Communications Commission's (FCC) rules authorize the FCC to collect the information in this form. Responses to the questions herein are required to obtain the benefits sought by this form. Failure to provide all requested information will delay the processing of the form or result in the form being returned without action. Information requested by this form will be available for public inspection. The information provided will be used to determine whether approving the request is in the public interest.

We have estimated that your response to this collection of information will take 0.3 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments via the Internet if you send them to [PRA@fcc.gov](mailto:PRA@fcc.gov). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

Remember – you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

**THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**