

## Form 474 Menu

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**Service Provider Form Identifier:**  
(Create an identifier for your own reference)

Form Identifier

### Form 474 - Block 1: Service Provider Information

1. Service Provider Name
2. Service Provider Identification Number (SPIN)
3. Contact Person's Name
- 4a. Contact Telephone Number  -  Ext:
- 4b. Contact Fax Number  -
- 4c. Contact E-Mail Address
5. Total Invoice Amount  Please do not use this field. The system will complete this field.

[Cancel](#) [Block 2](#) [Question/Problem](#)

### IMPORTANT

Please record this invoice's information in a secure place for future records

InvoiceID: 2877748  
Security Code: 86800

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## Form 474 - Block 2: Funding Request Number Information

6.	Form 471 Application Number	964567
7.	Funding Request Number	1234567
8.	Bill Frequency	Monthly
Complete items 9 or 10 - not both		
9.	Customer Billed Date (mm/yyyy)	<input type="text"/> <input type="text"/>
10.	Shipping Date to Customer or Last Day Of Work Performed (mm/dd/yyyy)	11/29/2018
11.	Total (Undiscounted) Amount for Service per FRN	5000
12.	Discount Rate	76
13.	Discount Amount Billed to USAC	3800

[Block 1](#) [Accept Invoice Line](#) [Question/Problem](#)

FRN's added so far:

471#	FRN	Bill Frequency	Bill Date	Delivery Date	Total Amount(UnDiscounted)	Discount Rate	Total Discount Amount	Delete
967497	2689975	MONTHLY		11/29/2018	5000	76	3800	<a href="#">Edit</a> <input type="checkbox"/>
							<b>Total:\$3,800.00</b>	

[Save & Exit](#) [Block 3](#)

## Form 474 - 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:

- 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.
- A.
- I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.
- B.
- 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.
- C.

Authorized Person

14. Signature

**By checking this box, and clicking the "Certify and Submit" 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.**

15. Date 11/29/2018

16. Printed Name

17. Title or position

18. Telephone Number 555 - 5555555 Ext:

19. Address 1 700 12th St NW

Address 2

City Washington

State DC

Zip 20005

**Certify and Submit**