

# Invoicing Jams

Mick Kraft

Service Provider Training  
Schools and Libraries Division

May 5, 2009 – Tampa • May 12, 2009 – Phoenix

# Overview

- Invoicing Statistics
- Invoice Entry
- Service Certifications
- Delays
- Deadlines/Extensions

# Invoicing Statistics

# 2008 Dollars Paid Out

**\$1,768,463,512**

**Millions**

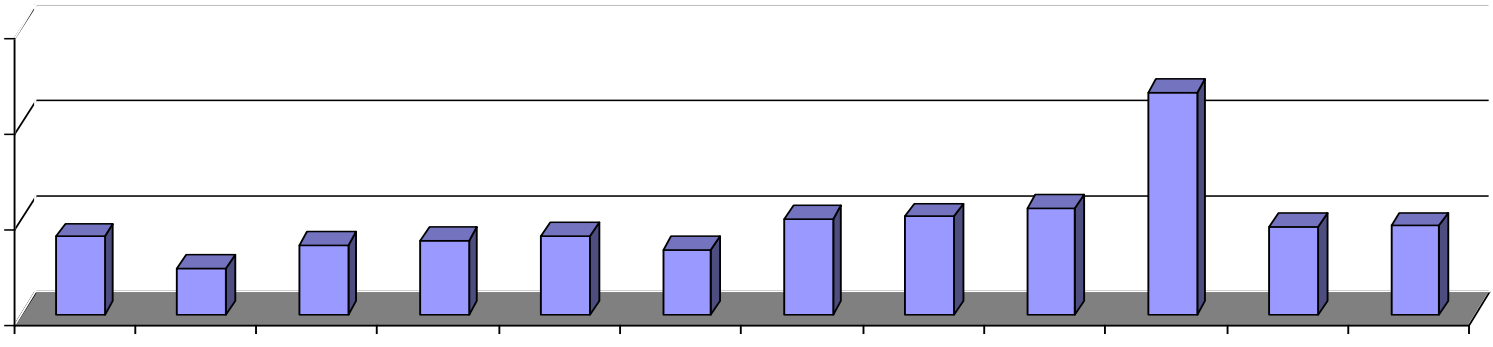
\$350

\$250

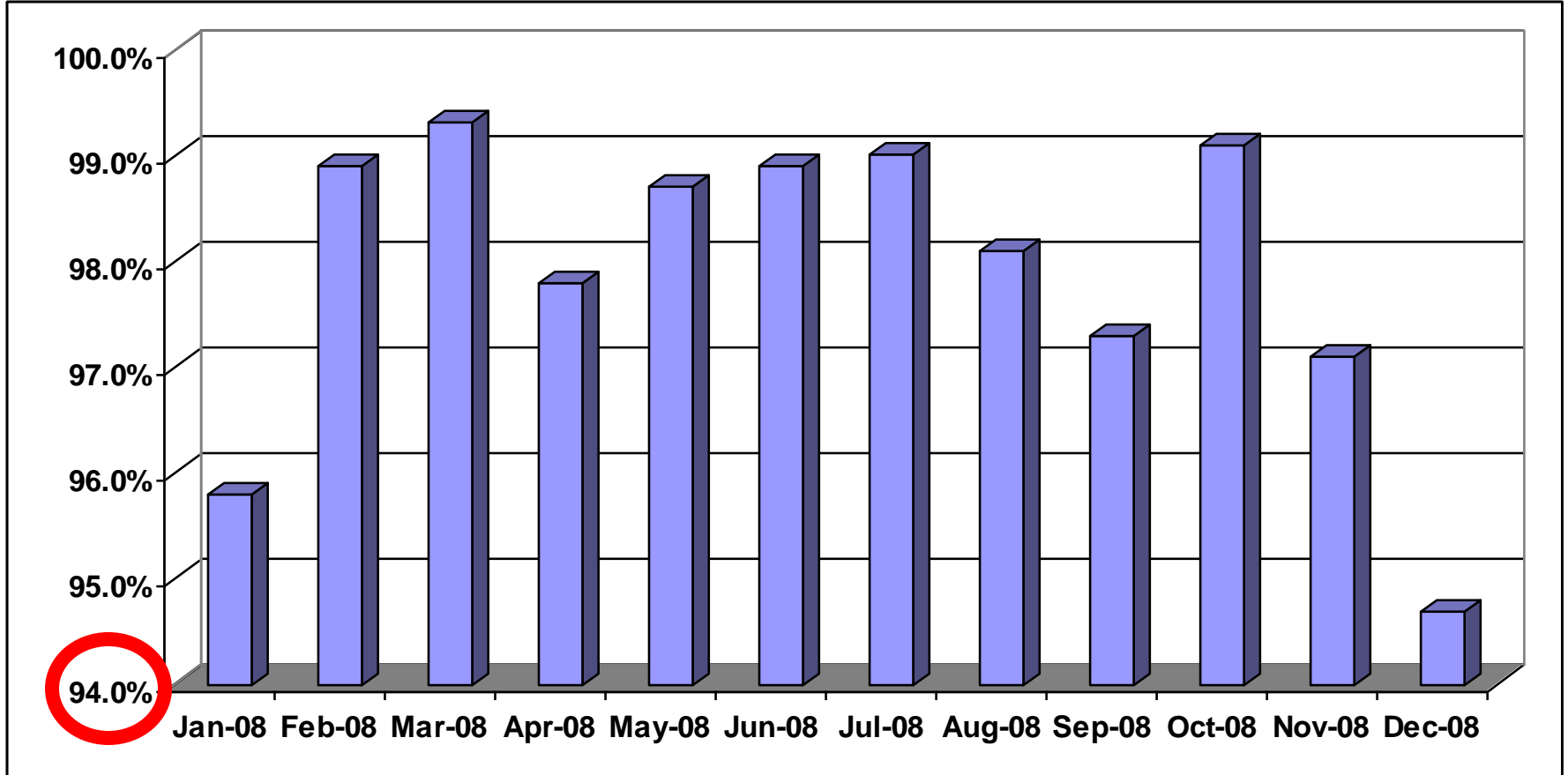
\$150

\$50

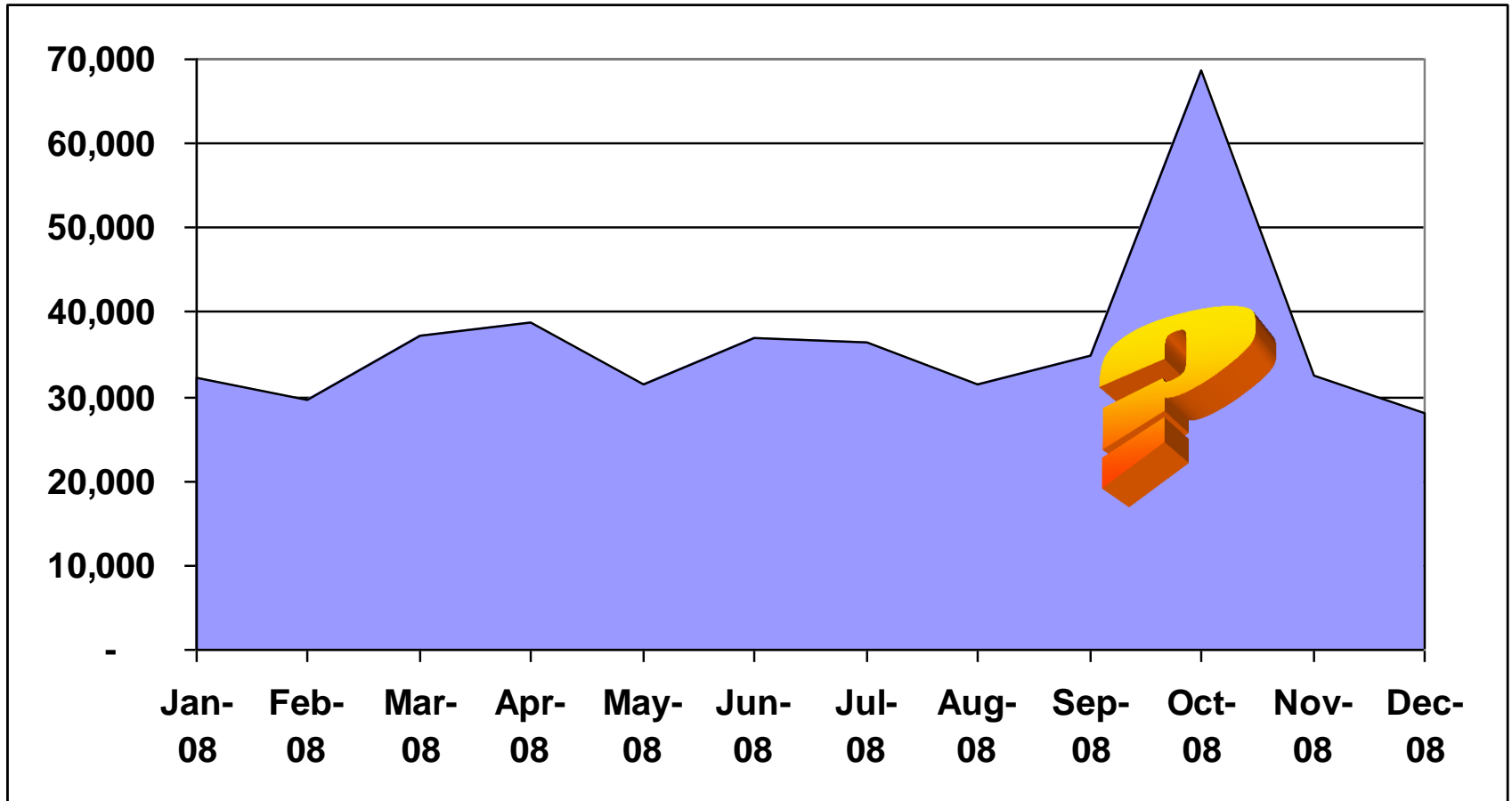
Jan-08 Feb-08 Mar-08 Apr-08 May-08 Jun-08 Jul-08 Aug-08 Sep-08 Oct-08 Nov-08 Dec-08



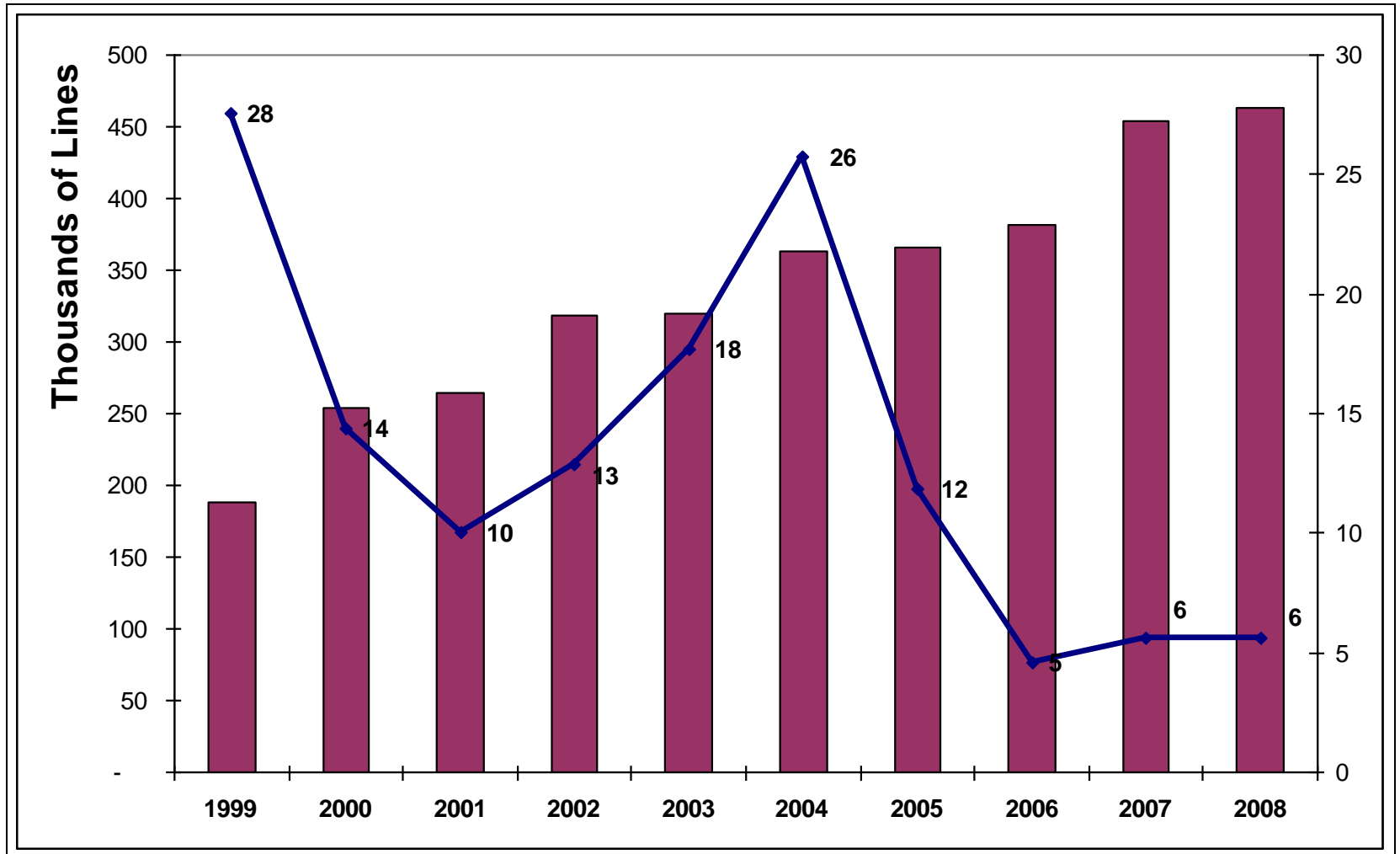
# 2008 - % PAID Within 30 Days



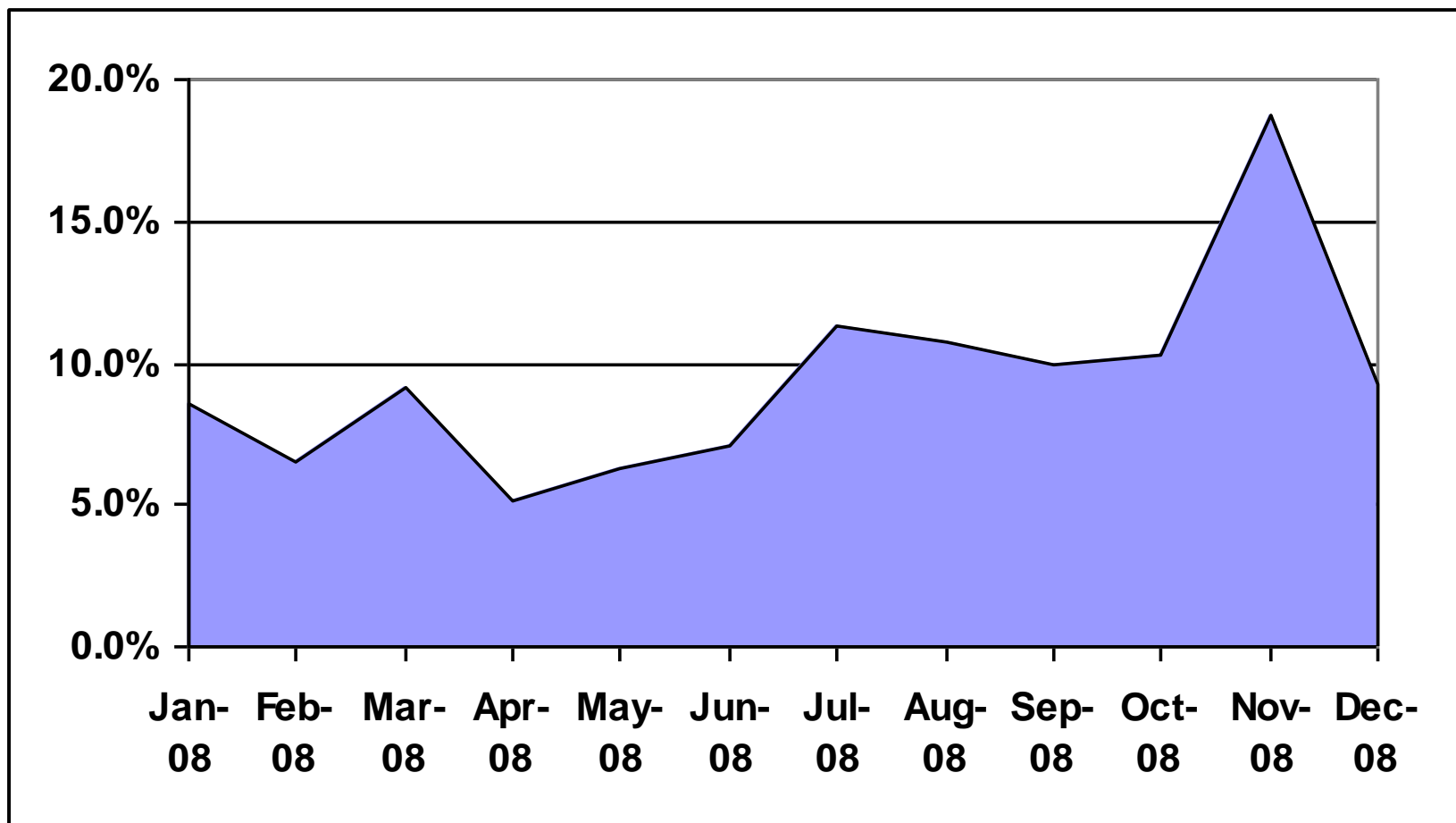
# 2008 Invoice Lines Processed



# Days to Payment

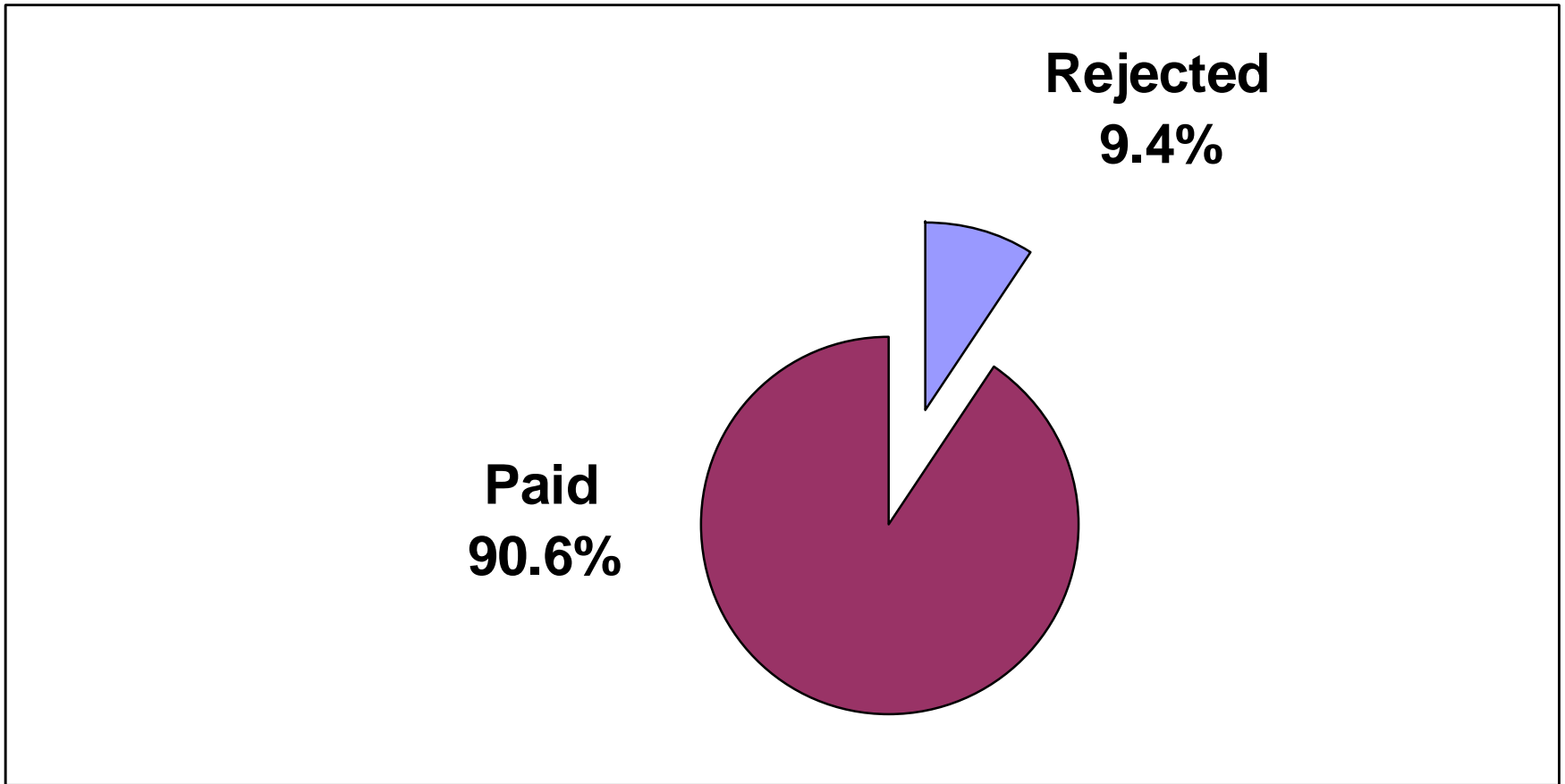


# 2008 Rejection Rates

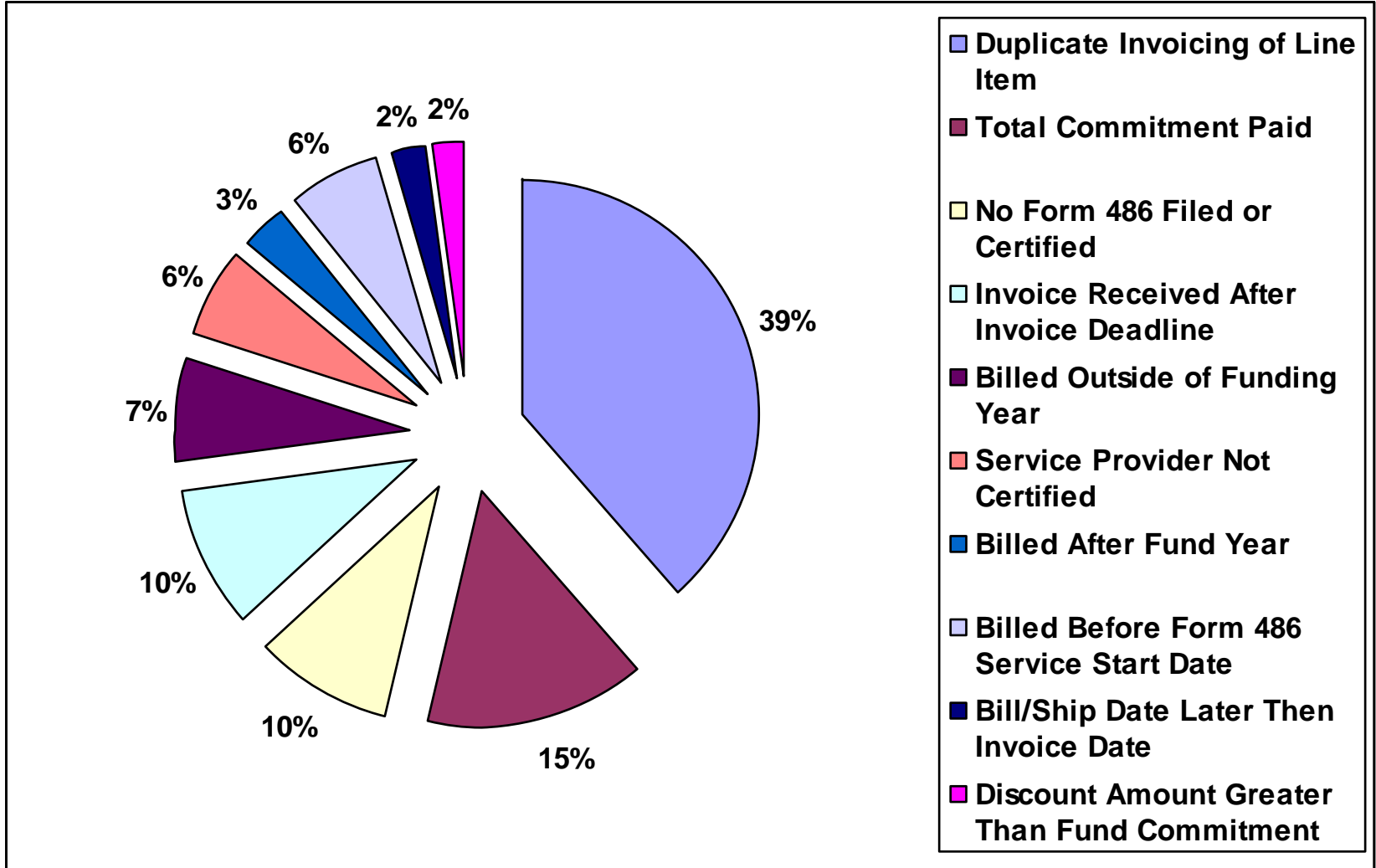




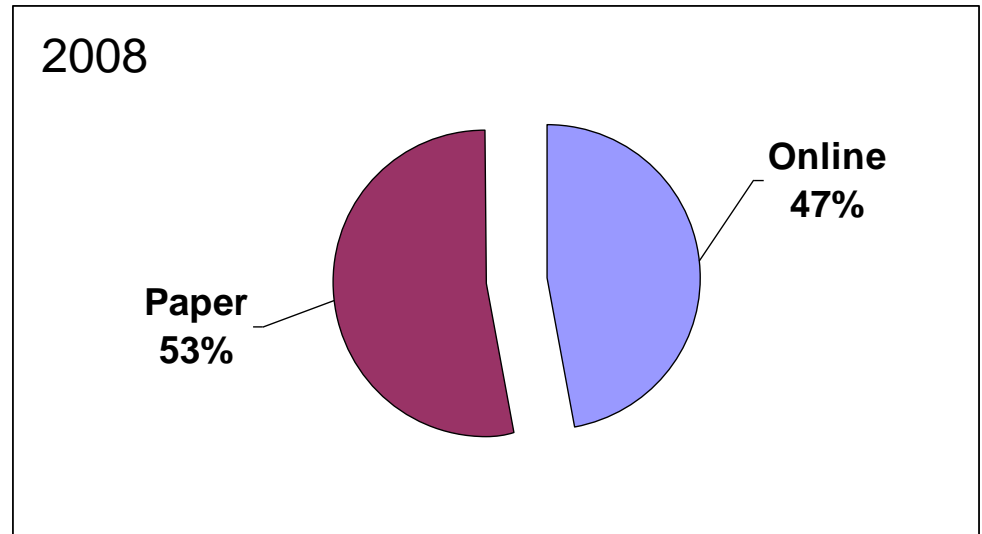
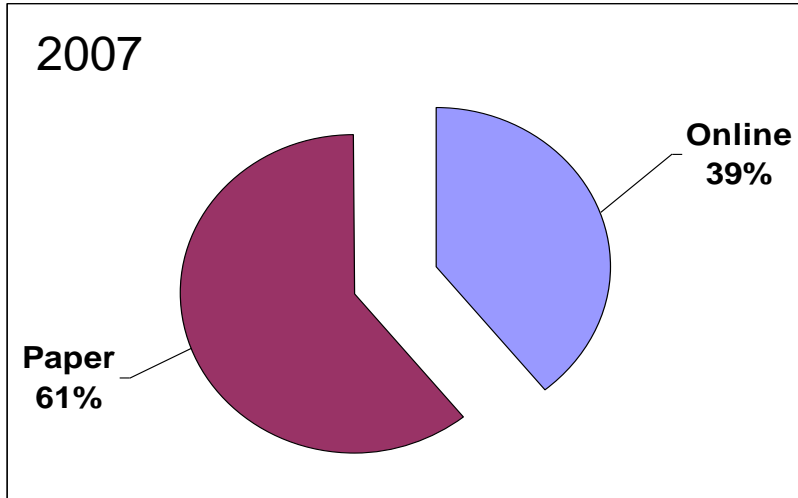
# 2008 Average Rejection Rate



# Top Ten Reasons For Rejection



# BEAR (Form 472)



# Invoice Entry

# Invoice Entry

- Did you receive your Form 486 NL?
- Is the 471 correct?
- Is the FRN correct?
- Is the Discount correct?
- Has the Total Commitment been paid?

# Invoice Entry

–Is this a Duplicate?

# Invoice Entry

- Is this a Duplicate? 7/1/2009
- Is this a Duplicate? 7/1/2009

# Invoice Entry

- Is this a Duplicate? Online
- Is this a Duplicate? Online
- Is this a Duplicate? Paper



# Invoice Entry

- Dates
- Dates
- Dates

# Invoice Entry

- Dates – Invoice Date
- Dates – Bill Date
- Dates – Delivery Date

# Invoice Entry

Approved by OMB  
 3060-0859



## Form 474 - Block 1: Service Provider Information

1. Service Provider Name	<input type="text" value="Four Bubba Innanet"/>
2. Service Provider Identification Number (SPIN)	<input type="text" value="143999999"/>
3. Contact Person's Name	<input type="text" value="Buddy Hiller"/>
4a. Contact Telephone Number	<input type="text" value="101"/> - <input type="text" value="5556655"/> Ext: <input type="text"/>
4b. Contact Fax Number	<input type="text" value="101"/> - <input type="text" value="5557766"/>
4c. Contact E-Mail Address	<input type="text" value="bhill@yahoo.com"/>
5. Invoice Number	<input type="text" value="2009-7-0101"/>
6. Invoice Date to USAC	<input type="text" value="4/16/2009"/>
7. Total Invoice Amount	<input type="text"/> Please do not use this field. The system will complete this field.

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

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An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

# Invoice Entry

Approved by OMB  
3060-0859



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1. Service Provider Name	<input type="text" value="Four Bubba Innanet"/>
2. Service Provider Identification Number (SPIN)	<input type="text" value="143999999"/>
3. Contact Person's Name	<input type="text" value="Buddy Hiller"/>
4a. Contact Telephone Number	<input type="text" value="101"/> - <input type="text" value="5556655"/> Ext: <input type="text"/>
4b. Contact Fax Number	<input type="text" value="101"/> - <input type="text" value="5557766"/>
4c. Contact E-Mail Address	<input type="text" value="bhill@yahoo.com"/>
5. Invoice Number	<input type="text" value="2009-7-0101"/>
6. Invoice Date to USAC	<input type="text" value="4/16/2009"/>
7. Total Invoice Amount	<input type="text"/> Please do not use this field. The system will complete this field.

Note: Date of Invoice may have consequences

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4c.	Contact E-Mail Address	<input type="text" value="bhill@yahoo.com"/>
5.	Invoice Number	<input type="text" value="2009-7-0101"/>
6.	Invoice Date to USAC	<input type="text" value="4/16/2009"/>
7.	Total Invoice Amount	<input type="text"/> Please do not use this field. The system will complete this field.

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

486 Filed?  
Form 486 NL  
received?  
Submitted after  
Deadline?

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An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

# Invoice Entry

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

8.	Form 471 Application Number	<input type="text" value="98765"/>
9.	Funding Request Number	<input type="text" value="789123"/>
10.	Bill Frequency	<input type="text" value="Monthly"/>
<i>Complete items 11 or 12 - not both</i>		
11.	Customer Billed Date (mm/yyyy)	<input type="text" value="7"/> <input type="text" value="2009"/>
12.	Shipping Date to Customer or Last Day Of Work Performed (mm/dd/yyyy)	<input type="text" value="7/1/09"/>
13.	Total (Undiscounted) Amount for Service per FRN	<input type="text"/>
14.	Discount Amount Billed to USAC	<input type="text"/>

**Block 1**   **Accept Invoice Line**   **Question/Problem**

FRN's added so far:

471#	FRN	Bill Frequency	Bill Date	Delivery Date	Total Amount (UnDiscounted)	Total Discount Amount	Delete
						Total: \$0.00	

**Save & Exit**   **Submit Invoice**

Cannot use BOTH dates – won't accept online but could make fatal error if filed on paper!

# Invoice Entry

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

8.	Form 471 Application Number	<input type="text"/>
9.	Funding Request Number	<input type="text"/>
10.	Bill Frequency	Please select <input type="button" value="v"/>
<b>Complete items 11 or 12 - not both</b>		
11.	Customer Billed Date (mm/yyyy)	<input type="button" value="v"/> <input type="button" value="v"/>
12.	Shipping Date to Customer or Last Day Of Work Performed (mm/dd/yyyy)	<input type="text"/>
13.	Total (Undiscounted) Amount for Service per FRN	<input type="text"/>
14.	Discount Amount Billed to USAC	<input type="text"/>

**Block 1**   **Accept Invoice Line**   **Question/Problem**

FRN's added so far:

471#	FRN	Bill Frequency	Bill Date	Delivery Date	Total Amount (UnDiscounted)	Total Discount Amount	Delete
98765	789123	MONTHLY	07/01/2009		123456.78	111111.10	<a href="#">Edit</a> ✕
						<b>Total:\$111,111.10</b>	

**Save & Exit**   **Submit Invoice**

Bill Date before Fund Year?  
Bill Date before services start?  
Bill Date before Form 486 start date?  
Bill Date after contract end date?  
Bill Date after invoice submitted?

# Invoice Entry

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

8.	Form 471 Application Number	<input type="text"/>
9.	Funding Request Number	<input type="text"/>
10.	Bill Frequency	Please select <input type="button" value="v"/>
<b>Complete items 11 or 12 - not both</b>		
11.	Customer Billed Date (mm/yyyy)	<input type="button" value="v"/> <input type="button" value="v"/>
12.	Shipping Date to Customer or Last Day Of Work Performed (mm/dd/yyyy)	<input type="text"/>
13.	Total (Undiscounted) Amount for Service per FRN	<input type="text"/>
14.	Discount Amount Billed to USAC	<input type="text"/>

**Block 1**   **Accept Invoice Line**   **Question/Problem**

FRN's added so far:

471#	FRN	Bill Frequency	Bill Date	Delivery Date	Total Amount (UnDiscounted)	Total Discount Amount	Delete
98765	789123	MONTHLY	07/01/2009		123456.78	111111.10	<a href="#">Edit</a> ✕
						<b>Total:\$111,111.10</b>	

**Save & Exit**   **Submit Invoice**

Delivery Date before Fund Year?  
 Delivery Date before service start date?  
 Delivery Date before Form 486 service start date?  
 Delivery Date after contract ends?  
 Delivery Date after Fund Year?

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# Service Certifications

# Service Certification

- Only requested under some circumstances
- Verify that the invoiced services were approved on the Form 471 and were delivered
- May include requests for detailed (customer) bills from the applicant or the service provider and verification of payment
- Check for service substitutions if the services invoiced do not match the services requested

# Service Certification

**Service Certification for SLD Invoices**

<b>Service Provider Name</b>	Your Company
<b>Service Provider SPIN</b>	143999999
<b>Service Provider Invoice #</b>	2009-7-0101
<b>Undiscounted Invoice Amount</b>	123,456.78
<b>Discounted Invoice Amount</b>	111,111.10

<b>Applicant Name</b>	School of Hard Knocks
<b>Representative / Contact Name</b>	Henry Hyde
<b>Representative / Contact Title</b>	Principal
<b>Representative / Contact Phone</b>	(101) 555-9876
<b>Billed Entity Number (BEN)</b>	98765
<b>471 Number</b>	789123
<b>FRN</b>	1456789
<b>Date Goods/Services Delivered</b>	7/1/2009
<b>Date Goods/Services were or will be Installed</b>	7/2/2009
<b>Date Applicant Portion Paid and Check No. or Date will be Paid</b>	7/3/2009

<p>This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.</p> <p>Copy of detailed vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes ___ No <input checked="" type="checkbox"/> <b>X</b></p> <p>Delivery and Installation Yes <input checked="" type="checkbox"/> <b>X</b> No ___</p> <p>Signed: _____ <b>X</b></p> <p>Date: <b>10/31/2010</b></p>	<p>Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider</p> <p>Copy of supporting contract must be attached if indicated below</p> <p>Supporting Contract Required YES ___ NO ___</p> <p>Signed: _____</p> <p>Date: _____</p>
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Revised 04/05/05 Schools and Library Division (USAC)

# Service Certification

**Service Certification for SLD Invoices**

<i>Service Provider Name</i>	Your Company
<i>Service Provider SPIN</i>	143999999
<i>Service Provider Invoice #</i>	2009-7-0101
<i>Undiscounted Invoice Amount</i>	123,456.78
<i>Discounted Invoice Amount</i>	111,111.10
<i>Applicant Name</i>	School of Hard Knocks

<b><i>Service Provider Name</i></b>	Your Company
<b><i>Service Provider SPIN</i></b>	143999999
<b><i>Service Provider Invoice #</i></b>	2009-7-0101
<b><i>Undiscounted Invoice Amount</i></b>	123,456.78
<b><i>Discounted Invoice Amount</i></b>	111,111.10

Delivery only Yes ___ No <input checked="" type="checkbox"/>	Supporting Contract Required YES ___ NO ___
Delivery and Installation Yes <input checked="" type="checkbox"/> No ___	Signed: _____
Signed: _____	Date: _____
Date: <b>10/31/2010</b>	
Revised 04/05/05	Schools and Library Division (USAC)

# Service Certification

Service Certification for SLD Invoices	
<i>Service Provider Name</i>	Your Company
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<i>Service Provider Invoice #</i>	2009-7-0101
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<i>Discounted Invoice Amount</i>	111,111.10
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<i>Representative / Contact Name</i>	Henry Hyde
<i>Representative / Contact Title</i>	Principal

<i>Applicant Name</i>	School of Hard Knocks
<i>Representative / Contact Name</i>	Henry Hyde
<i>Representative / Contact Title</i>	Principal
<i>Representative / Contact Phone</i>	(101) 555-9876

<small>Copy of <u>business vendor invoice</u> must be attached.            Contract with Service Provider above is for            Delivery only Yes ___ No <input checked="" type="checkbox"/>            Delivery and Installation Yes <input checked="" type="checkbox"/> No ___</small>	<small>Copy of <u>supporting contract</u> must be attached if            indicated below            Supporting Contract Required YES ___ NO ___</small>
<small>Signed: _____            Date: <b>10/31/2010</b></small>	<small>Signed: _____            Date: _____</small>
<small>Revised 04/05/05</small>	<small>Schools and Library Division (USAC)</small>

# Service Certification

**Service Certification for SLD Invoices**

<b>Service Provider Name</b>	Your Company
<b>Service Provider SPIN</b>	143999999
<b>Service Provider Invoice #</b>	2009-7-0101
<b>Undiscounted Invoice Amount</b>	123,456.78
<b>Discounted Invoice Amount</b>	111,111.10

<b>Applicant Name</b>	School of Hard Knocks
<b>Representative / Contact Name</b>	Henry Hyde
<b>Representative / Contact Title</b>	Principal
<b>Representative / Contact Phone</b>	(101) 555-9876
<b>Billed Entity Number (BEN)</b>	98765
<b>471 Number</b>	789123
<b>FRN</b>	1456789
<b>Date Goods/Services Delivered</b>	7/1/2009
<b>Date Goods/Services were or</b>	10/31/2010

<b>Billed Entity Number (BEN)</b>	98765
<b>471 Number</b>	789123
<b>FRN</b>	1456789

Date: 10/31/2010	Date:
Revised 04/05/05	Schools and Library Division (USAC)

# Service Certification

Service Certification for SLD Invoices	
Service Provider Name	Your Company
Service Provider SPIN	143999999
Service Provider Invoice #	2009-7-0101

<b>Date Goods/Services Delivered</b>	<b>7/1/2009</b>
<b>Date Goods/Services were or will be Installed</b>	<b>7/2/2009</b>
<b>Date Applicant Portion Paid and Check No. or Date will be Paid</b>	<b>7/3/2009</b>

<b>Date Goods/Services Delivered</b>	<b>7/1/2009</b>
<b>Date Goods/Services were or will be Installed</b>	<b>7/2/2009</b>
<b>Date Applicant Portion Paid and Check No. or Date will be Paid</b>	<b>7/3/2009</b>

<p>This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.</p> <p>Copy of detailed vendor invoice must be attached. Contract with Service Provider above is for            Delivery only Yes ___ No <input checked="" type="checkbox"/>            Delivery and Installation Yes <input checked="" type="checkbox"/> No ___</p> <p>Signed: <input checked="" type="checkbox"/></p> <p>Date: <b>10/31/2010</b></p>	<p>Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider</p> <p>Copy of supporting contract must be attached if indicated below</p> <p>Supporting Contract Required YES ___ NO ___</p> <p>Signed: _____</p> <p>Date: _____</p>
Revised 04/05/05	Schools and Library Division (USAC)

# Service Certification

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

**Copy of detailed vendor invoice must be attached.**

**Contract with Service Provider above is for**

**Delivery only** Yes  No

**Delivery and Installation** Yes  No

Signed:

Date:  10/31/2010

<p>This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.</p>	<p>Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider</p>
<p><b>Copy of <u>detailed</u> vendor invoice must be attached.</b>  <b>Contract with Service Provider above is for</b></p>	<p><b>Copy of <u>supporting</u> contract must be attached if indicated below</b></p>
<p><b>Delivery only</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  <b>Delivery and Installation</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Supporting Contract Required YES <input type="checkbox"/> NO <input type="checkbox"/></b></p>
<p>Signed: <input checked="" type="checkbox"/></p>	<p>Signed: _____</p>
<p>Date: <input checked="" type="checkbox"/> 10/31/2010</p>	<p>Date: _____</p>
<p>Revised 04/05/05</p>	<p>Schools and Library Division (USAC)</p>



# Service Certification

<p>The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider</p>	
<p>Copy of <u>supporting contract</u> must be attached if indicated below</p>	
<p>Supporting Contract Required YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>Signed: _____</p>	
<p>Date: _____</p>	
<p><small>above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.</small></p> <p><small>Copy of detailed vendor invoice must be attached. Contract with Service Provider above is for</small></p> <p>Delivery only Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Delivery and Installation Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Signed: _____</p> <p>Date: <u>10/31/2016</u></p> <p><small>Revised 04/05/05</small></p>	<p><small>Invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider</small></p> <p><small>Copy of supporting contract must be attached if indicated below</small></p> <p>Supporting Contract Required YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Signed: _____</p> <p>Date: _____</p> <p style="text-align: right;"><small>Schools and Library Division (USAC)</small></p>

# Service Certification

<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>Service Certification for SLD Invoices</b> </div>
---

<b>Date Goods/Services Delivered</b>	<b>7/1/2009</b>
<b>Date Goods/Services were or will be Installed</b>	<b>7/2/2009</b>
<b>Date Applicant Portion Paid and Check No. or Date will be Paid</b>	<b>7/3/2009</b>

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<b>Copy of <u>detailed</u> vendor invoice must be attached. Contract with Service Provider above is for</b> Delivery only      Yes ___ No <b>X</b> Delivery and Installation    Yes <b>X</b> No ___	<b>Copy of <u>supporting</u> contract must be attached if indicated below</b>  <b>Supporting Contract Required YES ___ NO ___</b>
Signed: <b>X</b>	Signed: _____
Date: <b>10/31/2010</b>	Date: _____

above. <b>Copy of <u>detailed</u> vendor invoice must be attached. Contract with Service Provider above is for</b> Delivery only      Yes ___ No <b>X</b> Delivery and Installation    Yes <b>X</b> No ___  Signed: <b>X</b> Date: <b>10/31/2010</b> <small>Revised 04/05/05</small>	<b>Applicant and Service Provider</b> <b>Copy of <u>supporting</u> contract must be attached if indicated below</b>  <b>Supporting Contract Required YES ___ NO ___</b>  Signed: _____ Date: _____ <small>Schools and Library Division (USAC)</small>
---	--

# Service Certification

**Service Certification for SLD Invoices**

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<b>Service Provider SPIN</b>	143999999
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<b>Discounted Invoice Amount</b>	111,111.10

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<b>Representative / Contact Name</b>	Henry Hyde
<b>Representative / Contact Title</b>	Principal
<b>Representative / Contact Phone</b>	(101) 555-9876
<b>Billed Entity Number (BEN)</b>	98765
<b>471 Number</b>	789123
<b>FRN</b>	1456789
<b>Date Goods/Services Delivered</b>	7/1/2009
<b>Date Goods/Services were or will be Installed</b>	7/2/2009
<b>Date Applicant Portion Paid and Check No. or Date will be Paid</b>	7/3/2009

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Copy of detailed vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes ___ No <input checked="" type="checkbox"/>	Copy of supporting contract must be attached if indicated below Supporting Contract Required YES ___ NO ___
Delivery and Installation Yes <input checked="" type="checkbox"/> No ___	Signed: _____
Date: 10/31/2010	Date: _____

Revised 04/05/05 Schools and Library Division (USAC)

Do Not certify to future dates

# Service Certification

**Service Certification for SLD Invoices**

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<b>Service Provider SPIN</b>	143999999
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Revised 04/05/05 Schools and Library Division (USAC)

Do not sign both sides

# Service Certification

Delivery only-  
Has installation  
charges?

**Service Certification for SLD Invoices**

<b>Service Provider Name</b>	Your Company
<b>Service Provider SPIN</b>	143999999
<b>Service Provider Invoice #</b>	2009-7-0101
<b>Undiscounted Invoice Amount</b>	123,456.78
<b>Discounted Invoice Amount</b>	111,111.10

<b>Applicant Name</b>	School of Hard Knocks
<b>Representative / Contact Name</b>	Henry Hyde
<b>Representative / Contact Title</b>	Principal
<b>Representative / Contact Phone</b>	(101) 555-9876
<b>Billed Entity Number (BEN)</b>	98765
<b>471 Number</b>	789123
<b>FRN</b>	1456789
<b>Date Goods/Services Delivered</b>	7/1/2009
<b>Date Goods/Services were or will be Installed</b>	7/2/2009
<b>Date Applicant Portion Paid and Check No. or Date will be Paid</b>	7/3/2009

<p>This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.</p> <p>Copy of detailed vendor invoice must be attached. Contract with Service Provider above is for          Delivery only Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>          Delivery and Installation Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Signed: _____          Date: 10/31/2010</p>	<p>Or</p> <p>The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider.</p> <p>Copy of supporting contract must be attached if indicated below          Supporting Contract Required YES ___ NO ___</p> <p>Signed: _____          Date: _____</p>
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# Service Certification

Equipment must have installation date

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# Service Certification

Version sent to you: not homemade version

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# Delays



# Delays

- Reduced Bills
  - modified to what documentation was provided
  - may call CSB if issue is unclear
  
- Resubmit
  - Most likely will be paid on resubmission of clear documentation
  - Collect needed documents before resubmission
  
- Appeal
  - Must be within 60 days - Try resubmission first!
  - Elaborate on reason for appealing the decision- not repeat request
  - Review letter carefully! – Denials may still result in relief

# Delays

- Not providing requested documentation
- Application going back into review
- Service Substitutions without authorization
- Not paying applicant within 20 days - Dunning
- Redlight – not just for E-Rate

# Deadlines / Extensions

# Deadlines

- Invoice deadline:
  - Invoices must be postmarked or received by USAC no later than:
    - 120 days after the last date to receive service or
    - 120 days after the date of the Form 486 Notification Letterwhichever is later
  - Extensions can be requested

# Deadlines

- Service delivery deadline:
  - Recurring services
    - June 30 of funding year
  - Cannot Extend Deadline

# Deadlines

- Service delivery deadline:
  - Non-recurring services
    - **September 30** following end of funding year
    - Requests for extensions **must** be postmarked or received by USAC no later than the last day to receive service

# Extensions

- Automatic extensions are processed for:
  - Funding Commitment Decision Letter (FCDL)
  - SPIN Change approval
  - Service Substitution approval
  
  - Notification dated on or after March 1

# Extensions

- Extensions must be requested for:
  - Service providers unable to complete implementation for reasons beyond their control
  
  - Service providers unwilling to complete installation because USAC withheld payment on a properly completed invoice for at least 60 days



# Extensions

- If a service delivery extension occurs:
  - Contracts may need to be extended
    - Applicants must file a **Form 500** to extend the contract expiration date before an invoice dated after that date can be paid



# Questions?