

Invoicing Jams

Mick Kraft

Service Provider Training Schools and Libraries Division

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



Overview

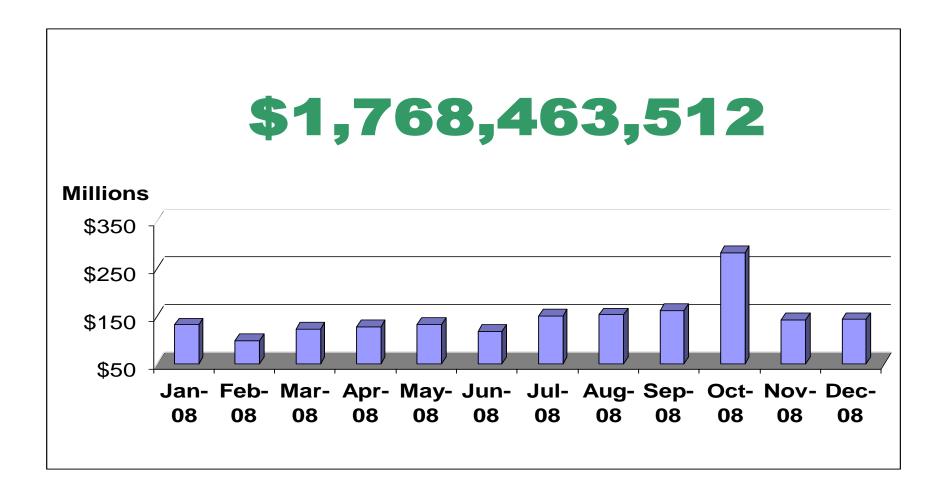
- Invoicing Statistics
- Invoice Entry
- Service Certifications
- Delays
- Deadlines/Extensions



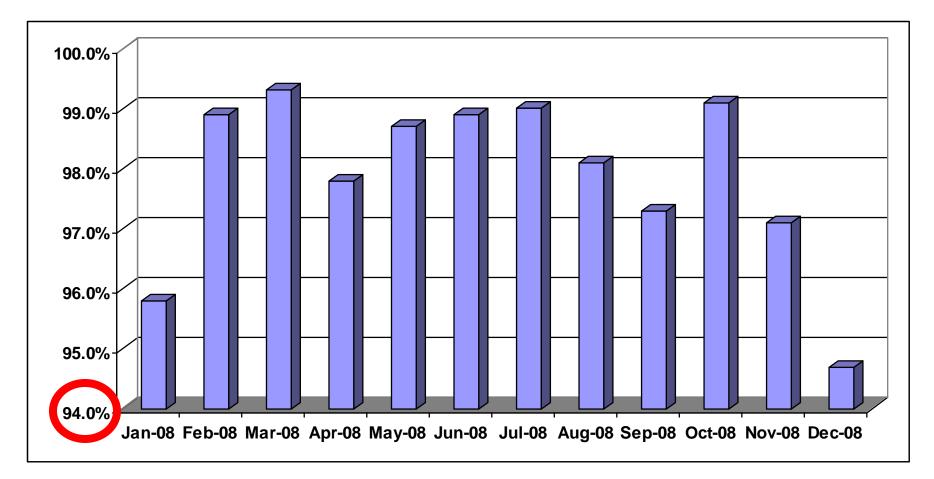
Invoicing Statistics



2008 Dollars Paid Out

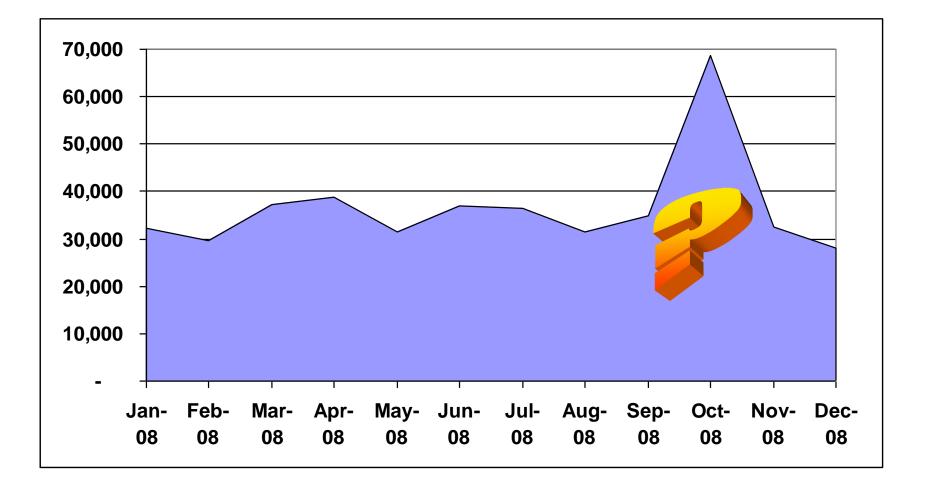








2008 Invoice Lines Processed



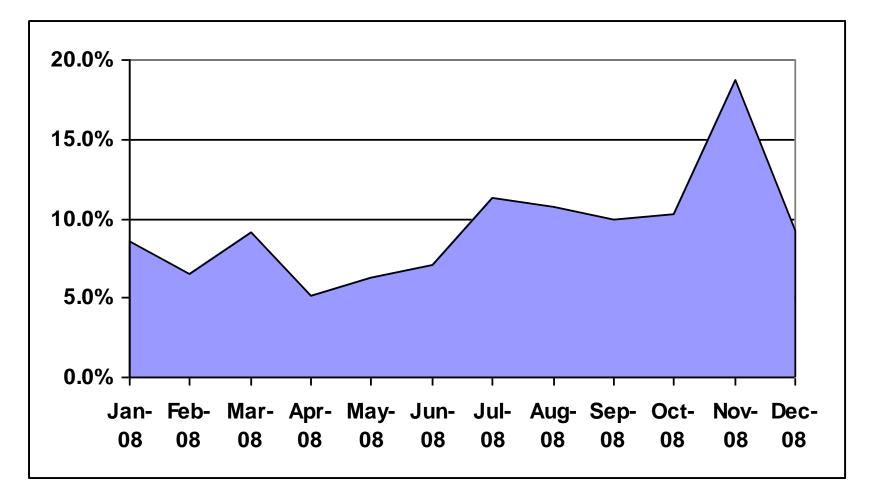


Days to Payment

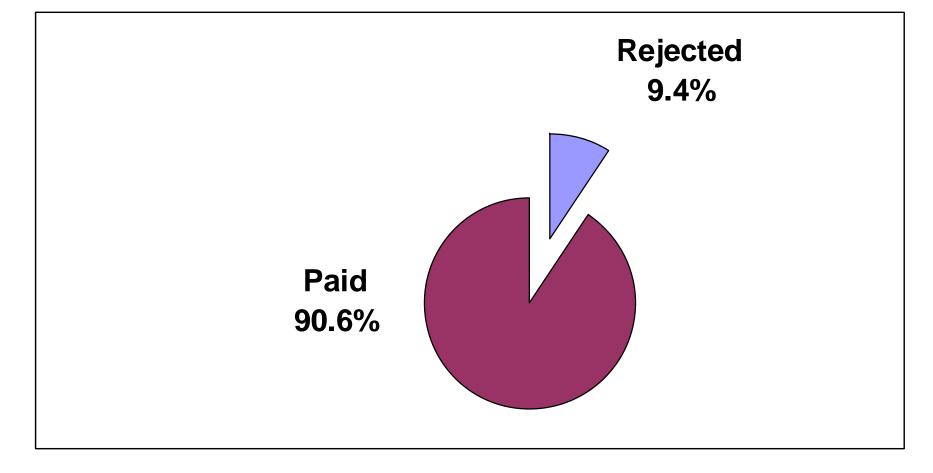
Thousands of Lines



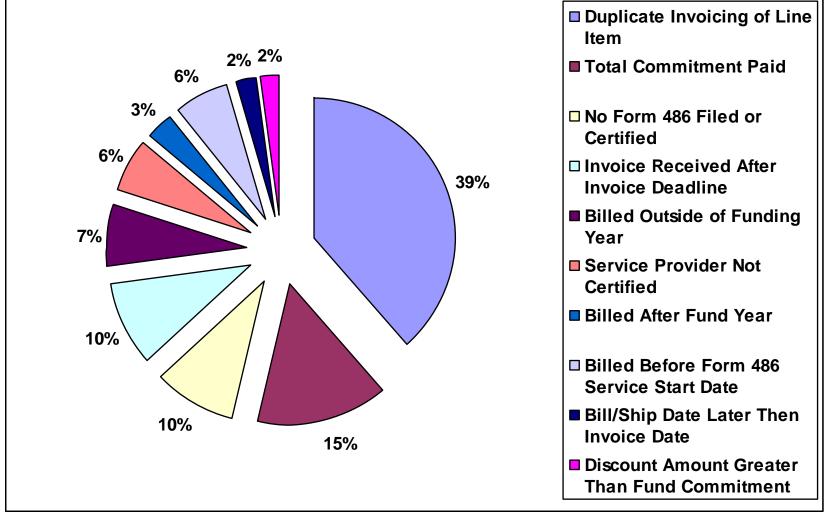
2008 Rejection Rates







Top Ten Reasons For Rejection

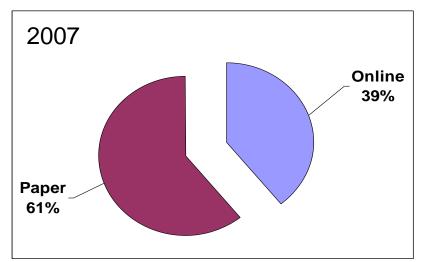


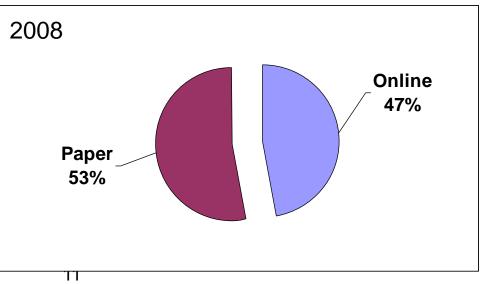
Service Administrative Company

Helping Keep Americans Connected



BEAR (Form 472)





www.usac.org



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



Invoice Entry

Is this a Duplicate? OnlineIs this a Duplicate? OnlineIs 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

USAC Schools & Libraries

Form 474 - Block 1: Service Provider Information

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

Home | Client Service Bureau: 1-888-203-8100

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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.

www.usac.org



Invoice Entry

Approved by OMB 3060-0859

USAC Schools & Libraries

Form 474 - Block 1: Service Provider Information

1.	Service Provider Name	Four Bubba Innanet	
2.	Service Provider Identification Number (SPIN)	143999999	
З.	Contact Person's Name	Buddy Hiller	
4a.	Contact Telephone Number	101 - 5556655 Ext:	Note: Date of Invoice
4b.	Contact Fax Number	101 - 5557766	
4c.	Contact E-Mail Address	bhill@yahoo.com	may have
5.	Invoice Number	2009-7-0101	consequences
6.	Invoice Date to USAC	4/16/2009	•
7.	Total Invoice Amount	Please do not use this field. The system will complete this field.	
		Cancel Block 2 Question/Problem	

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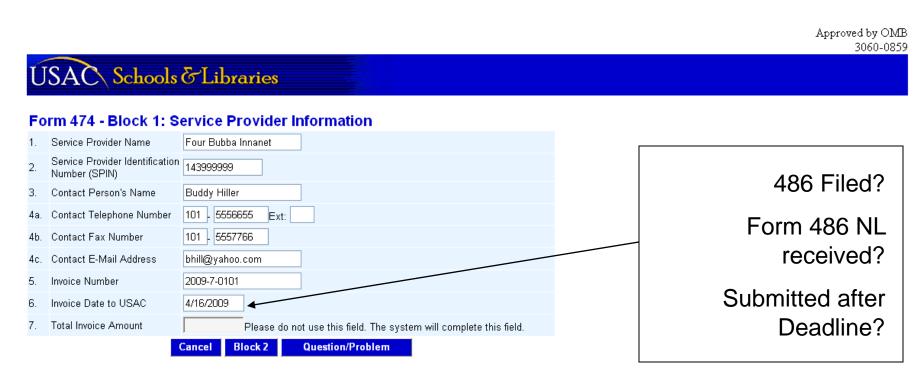
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Invoice Entry



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Invoice Entry

USAC Schools & Libraries

Form 474 - Block 2: Funding Request Number Information

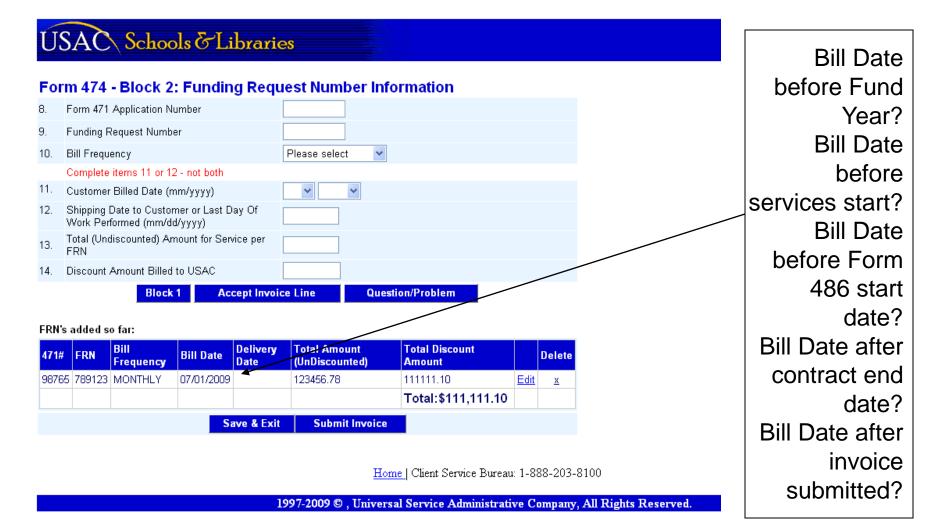
8.	Form 471 Application	n Number		98765				
9.	Funding Request Nu	mber		789123				
10.	Bill Frequency			Monthly	*			
	Complete items 11 o	r 12 - not b	ioth					Connotiuos
11.	Customer Billed Date	e (mm/yyyy	()	7 🖌 2009	*			Cannot use
12.	Shipping Date to Cus Work Performed (mm		ast Day Of	7/1/09				 BOTH dates –
13.	Total (Undiscounted) FRN	Amount fo	r Service per					won't accept
14.	Discount Amount Bil	led to USA	.C					online but
	Blo	ck 1	Accept Invoi	ce Line	Questio	n/Problem		could make
FRN	's added so far:							fatal error if
471#	FRN Bill Frequency	Bill Date	Delivery Date	Total Amoun (UnDiscounte		Total Discount Amount	Delete	filed on paper!
						Total:\$0.00		
			Save & Exit	Submi	i Invoice			

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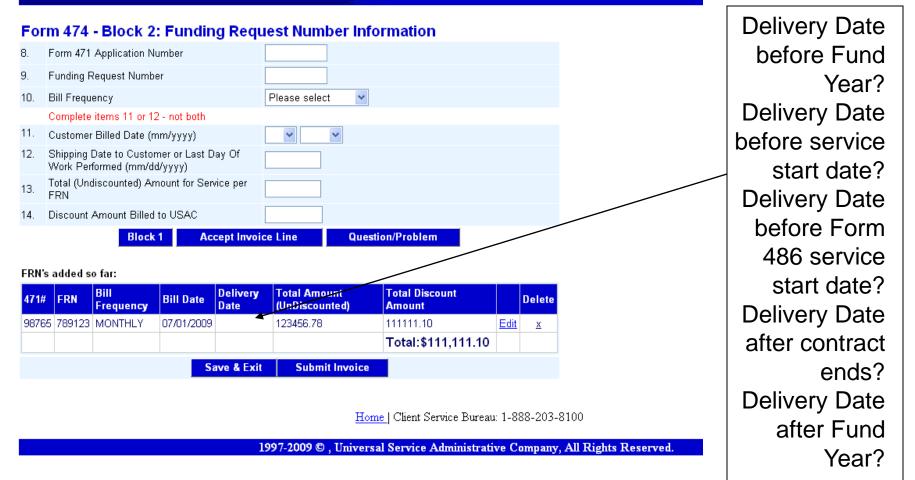
Invoice Entry





Invoice Entry

USAC Schools & Libraries







- Only requested under some circumstances
- Verify that the invoiced services were approved on the Form 471 and were delivered
- May include requests for <u>detailed</u> (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

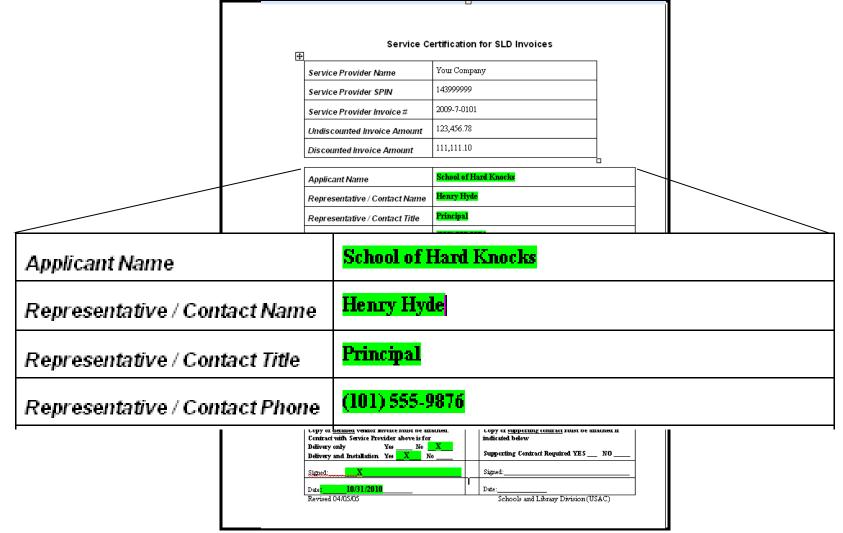
Service Certification for SLD Invoices

Service Provider Name	Your Cor	mpai	ny		
Service Provider SPIN	14399999	99			
Service Provider Invoice #	2009-7-0	101			
Undiscounted Invoice Amount	123,456.1	78			
Discounted Invoice Amount	111,111.	10			
Applicant Name	School o	f Ha	rd Knocks		
Representative / Contact Name	Henry H	lyde			
Representative / Contact Title	Principa 4 1	1			
Representative / Contact Phone	<mark>(101) 55</mark> 5	5-98	76		
Billed Entity Number (BEN)	98765				
471 Number	789123				
FRN	1456789				
Date Goods/Services Delivered	7/1/2009				
Date Goods/Services were or will be Installed	7/2/2009				
Date Applicant Portion Paid and Check No. or Date will be Paid	7/3/2009				
This is to catify that I am authorized to represe above named Applicant. This is also to catify services described on the stacked vendor invoi delivered and/or installed as indicated by the above. Copy of delived vendor invoice must be at Contract with Service Provider above is for Delivery only Yes No	the ice were ate(s) ached. X	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 Copy of supporting contract nust be attached if indicated below Supporting Contract Required YE S NO		
Signed:X			Signed:		
Date: 10/31/2010			Date:		
			Schools and Library Division (USAC)		

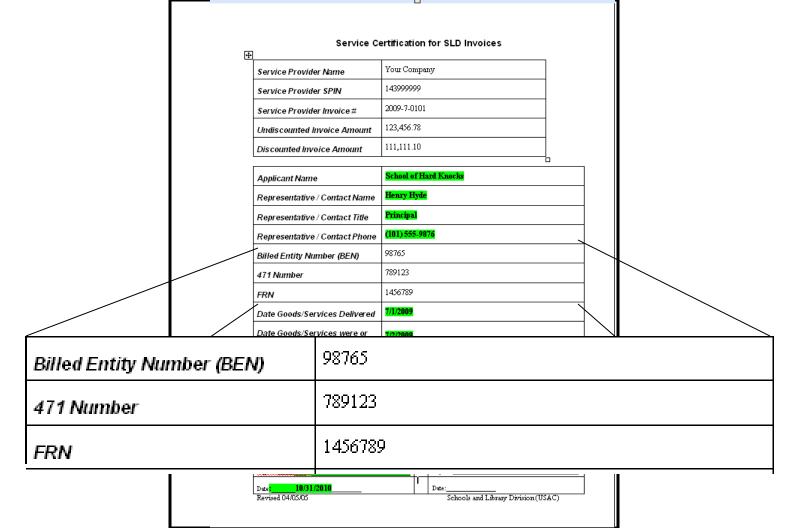


			Service C	ertification for SLD Invoices		
		Service Provider N	Vame	Your Company		
		Service Provider S	SPIN .	143999999	\neg	
		Service Provider h	nvoice #	2009-7-0101		
		Undiscounted Invo	oice Amount	123,456.78		
		Discounted Invoic	e Amount	111,111.10		
		Applicant Name		School of Hard Knocks		
Service Provider	Name		Your	Company		
Service Provider	SPIN		14399	99999		
Service Provider	Invoice	#	2009-	.7-0101		
Undiscounted Inv	/oice Am	nount	123,4	56.78		
Discounted Invoi	ce Amou	ınt	111,1	11.10		
		Derivery only Derivery and Installation Signed: Date: 10/31/201 Revised 04/05/05		Supporting Contract Requires Signed: Date: Schools and Library Di		











Service Certification

Ielping Keep Americans Connected	
	Service Certification for SLD Invoices
	Service Provider Name Your Company Service Provider SPIN 143999999
Date Goods/Service	s Delivered 7/1/2009
Date Goods/Service will be Installed	s were or 7/2/2009
Date Applicant Porti Check No. or Date v	
	Date Goods/Services Delivered 1/1/2009 Date Goods/Services were or will be installed 1/2/2009 Date Applicant Portion Paid and Check No. or Date will be Paid 1/3/2009
	This is to certify that I am authorized to represent the showe represented by the above represented by the showe represented in the standard vendor invoice were delivered and/or installed as indicated by the date(s) Or The charges represented by the above represented in the contract between the above represented in the standard vendor invoice were delivered and/or installed as indicated by the date(s) b dove Copy of detailed vendor invoice must be attached. Applicant and Sarvice Provider Provider above is for the standard. Copy of detailed vendor invoice must be attached. Copy of attached vendor invoice must be attached. Copy of attached if the above is for the standard below Delivery and Installation Yes No Supporting Contract Required YES NO Delivery and Installation Yes No Supporting Contract Required YES NO
	Signed: Signed: Date: 1 Date: 0.31/2010 Revised 04/05/05 Schools and Library Division (USAC)

31



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 X Delivery only Yes No х Delivery and Installation Yes No Signed: 10/31/2010 Date. 3 64.24 64.24 The charges represented by the above represented This is to certify that I am authorized to represent the above named Applicant. This is also to certify the invoice are deposits or up-front charges for services, services described on the attached vendor invoice were which have not been delivered, and have been agreed to delivered and/or installed as indicated by the date(s) based on the contract between the above referenced Applicant and Service Provider Copy of detailed vendor invoice must be attached Copy of supporting contract must be attached if Contract with Service Provider above is for indicated below Delivery only Yes No Supporting Contract Regented YES ____ NO Delivery and Installation Yes Signed Date Revised 04/05/05 Schools and Library Division (USAC)



Service Certification

	s represented deposits or u				
		-			•
	not been del	•			
based on th	e contract bei	twe en ti	he above	reference	đ
Applicant a	nd Service P	rovider			
	pporting co		must he s	ttached i	f
indicated h	Derow				
Common continues	g Contract R	terrine	d YES	NO	
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շահհատո	6				
Signed:					
Signed:					
Signed: Date:	a50ve mmed applicat. This is services described on the stached delivered and/or installed as indic	Loo to certify the vendor invoice were	RVOICe are deposits which have not been	ar up from charges to 1 services delivered, and have been agree -botween the shower arformace	, d to
Signed: Date:	- sove named applicat. This is a services described on the attached delivered and/or installed as indice above.	Loo to cettry the vendor invoice were stach by the date(s) must be strached.	nevoze w deposts which have not been based on the contra- Applicant and Servi Copy of supporting	delivered, and have been agree between the above referenced	
Signed: Date:	stove named Applican. This is services described on the attached delivered and/or installed as indice above. Copy of <u>detailed</u> wonder invoiter Ubdivery on: Yes	lso to cathy the vendor invoice were ated by the date(s) roust be attached. above is for X	Rovice are deports which have not been based on the contrac Applicant and Servi Copy of <u>supporting</u> indicated below	delivered, and have been agree between the above referenced e Provider <u>contract</u> must be attached if	
Signed: Date:	above manied Applicant. This is a services described on the attached delivered and/or installed as indice dove. Copy of <u>detailed</u> vendor invoke Comercy with Service Provider Delivery only Yes Delivery and Installation Yes	Lo to catly the vendor invoice were ated by the data(s) must be sitached. showe is for	invole are deposits which have not been based on the contrac Applicant and Servi Copy of <u>supporting</u> indicated below Supporting Contra	delivered, and have been agree between the above referenced e Provider	
Signed: Date:	stove named Applican. This is services described on the attached delivered and/or installed as indice above. Copy of <u>detailed</u> wonder invoiter Ubdivery on: Yes	lso to cathy the vendor invoice were ated by the date(s) roust be attached. above is for X	Rovice are deports which have not been based on the contrac Applicant and Servi Copy of <u>supporting</u> indicated below	delivered, and have been agree between the above referenced e Provider <u>contract</u> must be attached if	

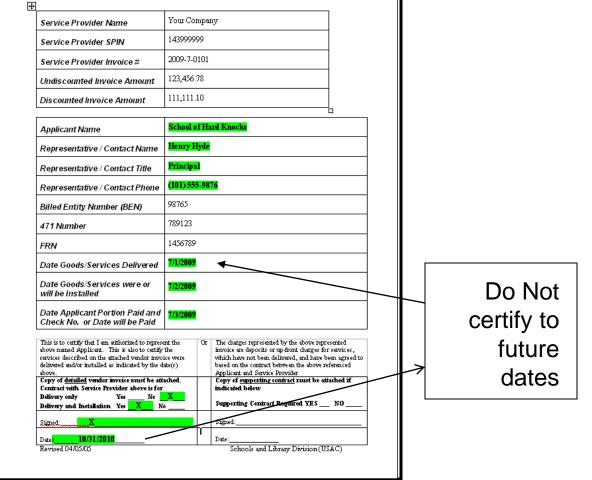


		Serv.	ice Certificatio	on for	SLD Invoices
	Date	Goods/Services Delivered	7/1/2009		
		Goods/Services were or e Installed	7/2/2009		
		Applicant Portion Paid and k No. or Date will be Paid	7/3/2009		
न					
	above na services delivered above. Copy of Contrac Delivery	o certify that I am authorized to represe amed Applicant. This is also to certify described on the attached vendor invo: d and/or installed as indicated by the d f <u>detailed</u> vendor invoice must be attached t with Service Provider above is for y only Yes No y and Installation Yes X	the ice were ate(s) ached. X	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 Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES NO
	Signed:				Signed:
	Date <mark>:</mark>	10/31/2010 above. Copy of <u>detailed</u> vendor invoice mu Contract with Service Provider abo Delivery and Installation Yes Signed: X		Cop indi Sup Sign	
		Date: 10/31/2010 Revised 04/05/05		Date	Schools and Library Division (USAC)



Service Certification

Service Certification for SLD Invoices



Helping Keep Americans Connected



Service Certification

Service Certification for SLD Invoices

Service Provider Name	Your Company	
Service Provider SPIN	143999999	
Service Provider Invoice #	2009-7-0101	
Undiscounted Invoice Amount	123,456.78	
Discounted Invoice Amount	111,111.10	
Applicant Name	School of Hard Knocks	
Representative / Contact Name	Henry Hyde	
Representative / Contact Title	Principal	
Representative / Contact Phone	(101) 555-9876	
Billed Entity Number (BEN)	98765	
471 Number	789123	
FRN	1456789	
Date Goods/Services Delivered	7/1/2009	Do not sign
Date Goods/Services were or will be Installed	7/2/2009	both sides
Date Applicant Portion Paid and Check No. or Date will be Paid	7/3/2009	
This is to certify that I am authorized to represe above named Applicant. This is also to certify services described on the attached vendor invo- delivered and/or installed as indicated by the above. Contract with Service Provider above is for Delivery only Yes No Delivery and Installation Yes No Delivery and Installation Yes No Delivery and Installation Delivery and Installation Dates 10/31/2010 Revised 04/05/05	the invoice are deposits or up-front charges in-structers, ce were which have not been delivered, methods been agreed to de(s) based on the contract begreat the above referenced Applicant and Sarnet Provider ached. Copy of coperating contract must be attached if individed below	



Service Certification

Service Certification for SLD Invoices

•			
Service Provider Name	Your Company		
Service Provider SPIN	143999999		
Service Provider Invoice #	2009-7-0101		
Undiscounted Invoice Amount	123,456.78		
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FRN	1456789		
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Date Goods/Services were or will be Installed	7/2/2009		
Date Applicant Portion Paid and Check No. or Date will be Paid	7/3/2009		
This is to certify that I am authorized to represe above named Applicant. This is also to certify rescience described on the attached vandor invoi deliveret author insulide as indicated by the di above. Copy of detailed vendor invoice must be attil Contract with. Service recycler above is for Delivery only No No Delivery and Installation Yes No	the invoice are deposits or up-front charges for services, which have not been delivared, and have been agreed t tate(s) based on the contrast between the above referenced Applicant and Service Provider ached. Copy of <u>apporting contrast</u> must be attached if indicated below		
Sizned:X	Signed:		
	Date:		

Delivery only-Has installation charges?



Service Certification

	+		ertification	for SLD Invoices
		Service Provider Name	Your Compa	ny
		Service Provider SPIN	1439999999	
		Service Provider Invoice #	2009-7-0101	
		Undiscounted Invoice Amount	123,456.78	
		Discounted Invoice Amount	111,111.10	
		Applicant Name	School of Ha	IT Knocks
		Representative / Contact Name	Henry Hyde	
		Representative / Contact Title	Principal	
Equipmont		Representative / Contact Phone	(101) 555-98	76
Equipment		Billed Entity Number (BEN)	98765	
must have		471 Number	789123	
nstallation date		FRN	1456789	
		Date Goods/Services Delivered	7/1/2009	
		Date Goods/Services were or will be Installed	7/2/2009	
		Date Applicant Portion Paid and Check No. or Date will be Paid	7/3/2009	
		This is to certify that I am authorized to represe above named Applicant. This is also to certify cartices described on the attached vendor invoi delivert and/or installed as indicated by the de above.	the ice were ate(s)	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
		Copy of <u>detailed</u> wordor invoice must be atta Contract with Service Associater above is for Delivery only No No Delivery and Installation Yes X No	X	Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES NO
		Sizudi		Signed:
		Date <mark>:10/31/2010</mark> Revised 04/05/05	I	Date:



Service Certification

Service Certification for SLD Invoices

Service Provider SPIN Service Provider Invoice # Undiscounted Invoice Amount Discounted Invoice Amount Applicant Name Representative / Contact Name Representative / Contact Title Representative / Contact Phone	Henry H Principa (101) 55	0101 78 10 of Ha Iyde	url Knocks			
Undiscounted Invoice Amount Discounted Invoice Amount Applicant Name Representative / Contact Name Representative / Contact Title Representative / Contact Phone	123,456. 111,111. School o Henry H Principa (101) 55:	.78 .10 of Ha Iyde	url Knocks			
Discounted Invoice Amount Applicant Name Representative / Contact Name Representative / Contact Title Representative / Contact Phone	111,111. School o Henry H Principa (101) 55:	10 of Ha Lyde	rrd Knocks			
Applicant Name Representative / Contact Name Representative / Contact Title Representative / Contact Phone	School o Henry H Principa (101) 555	of Ha Iyde 11	rrd Knocks			
Representative / Contact Name Representative / Contact Title Representative / Contact Phone	Henry H Principa (101) 55	Iyde 1	rrd Knocks			
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Representative / Contact Title Representative / Contact Phone	Principa (101) 55:	ป				
Representative / Contact Phone	(101) 55:					
	• •	5-981	Principal			
Sills of Function Advantage (DEAU)	00745		7 <mark>6</mark>			
Billed Entity Number (BEN)	98765					
471 Number	789123					
-RN	1456789	l				
Date Goods/Services Delivered	7/1/2009					
Date Goods/Services were or will be Installed	7/2/2009					
Date Applicant Portion Paid and Check No. or Date will be Paid	7/3/2009					
This is to certify that I am authorized to represent bown named Applicant. This is also to certify f arvices described on the attached wandor invosi- leibweed and/or installed as indicated by the da bowe. Copy of <u>detailed</u> vendor invoice must be atta Contract with Service Provider above is for Jediwary and Installation. Yes No.	the ice were ste(s) ached. X	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 t based on the contract between the above refracted Applicant and Service Provider Copy of supporting contract must be situched if indicated below Supporting Contract Required YES NO			
Signed:X			Signed:			
Date <mark>:10/31/2010</mark> Revised 04/05/05		Π	Date:			

Version sent to you: not homemade version



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
 - <u>Collect needed documents before resubmission</u>
- Appeal
 - Must be within 60 days Try resubmission first!
 - Elaborate on reason for appealing the decision- not repeat request
 - <u>Review letter carefully! Denials may still result in relief</u>





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 Letter

whichever is later

-Extensions can be requested



Deadlines

Service delivery deadline:

- Recurring services
 - June 30 of funding year
- Cannot Extend Deadline



Deadlines

- Helping Keep Americans Connected
 - Service <u>delivery</u> deadline:
 - Non-recurring services
 - <u>September 30</u> following end of funding year
 - Requests for extensions must be <u>postmarked or received</u> 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 <u>requested</u> 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 <u>contract expiration</u> date before an invoice dated after that date can be paid



Questions?