



2019/2020 Puerto Rico USF Support Payment Request Form Lifeline Program

Section One: Period Covered - For the month through: _____

Section Two: Lifeline Credit

A.	Number of Lifeline customers per the 1st day of month, based on customers served the prior month	
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Number of Lifeline Customers _____ X Credit per Customer (\$ _____) = Lifeline Credit \$ _____

Enter the total number of Lifeline eligible active customers and multiply by the Lifeline Assistance credit per customer. Do not include Subscriber Line Charge credits reported to the Federal Lifeline Program through the Universal Service Administrative Company (USAC).

Section Three: Payment Instructions for Receipt of Lifeline Credit

The following company and bank information is required for receiving payment through electronic funds transfer:

JRT/NET - ETC - _____ Company Name: _____

Bank Name: _____

Routing/Transit Number: _____ Bank Account Number: _____

Indicate (by marking X) if account is Checking _____ or Savings: _____

Section Four: Certification

Under penalties as provided by law, I certify that I have examined this report and to the best of my knowledge and belief, it is true, correct and complete. I further acknowledge that the aforementioned company is current with its payment obligation of Regulatory Fees and Universal Service Contributions and that the Telecommunications Bureau of Puerto Rico has the authority to request additional supporting information as necessary.

Under penalty of forfeiture I certify that no public employee of the Telecommunications Bureau of Puerto Rico is part of or has an interest in the profits or benefits derived from the contract under which this invoice is issued and if such a relationship does exist the party has applied for an exemption. The only consideration for providing the goods or services under this contract has been the payment of the amount agreed upon with the authorized agency representative. The total amount due for this invoice is just and correct. The services were rendered, and they have not been paid.

Officer Name: _____

Officer Title: _____

Signature: _____

Date: _____

Email (required): _____

Phone (required): _____

**Please submit this form to: Telecommunications Bureau of Puerto Rico
Attn. PRUSF Administrator
500 Roberto H. Todd Ave.
Stop 18 - Santurce
San Juan, Puerto Rico 00907-3941**

