

## 2022/2023 Puerto Rico USF Support Payment Request Form Lifeline Program

Section One:	Period Covered - For the month through:	
Section Two:	Lifeline Credit	
Ι Δ Ι	of Lifeline customers reported in USAC's Lifeline Claims (LCS) et for the same data period	
B. Number	f Lifeline Subscribers: X \$0.75 Lifeline Credit:	
	mber of Lifeline eligible active customers and multiply by the Lifeline Assistance credit per customer. bscriber Line Charge credits reported to the Federal Lifeline Program through the Universal Service mpany (USAC).	
	Payment Instructions for Receipt of Lifeline Credit pany and bank information is required for receiving payment through electronic funds transfer:	
JRT/NET-ETC	Company name:	
Bank Name:		
Routing/Trai	Bank Account number:	
Indicate (by	narking X) if account is checking: or savings:	
complete. I further	ertification provided by law, I certify that I have examined this report and to the best of my knowledge and belief, it is true, corresponded by law, I certify that I have examined this report and to the best of my knowledge and belief, it is true, corresponded by law, I certify that I have examined this report and to the best of my knowledge and belief, it is true, corresponded by law, I certify that I have examined this report and to the best of my knowledge and belief, it is true, corresponded by law, I certify that I have examined this report and to the best of my knowledge and belief, it is true, corresponded by law, I certify that I have examined this report and to the best of my knowledge and belief, it is true, corresponded by law, I certify that I have examined this report and to the best of my knowledge and belief, it is true, corresponded by law, I certify that I have examined this report and to the best of my knowledge and belief, it is true, corresponded by law, I certify that I have examined this report and to the best of my knowledge and belief, it is true, corresponded by law, I certify that I have examined this report and the law of the law o	
profits or benefits exemption. The or	feiture I certify that no public employee of the Telecommunications Bureau of Puerto Rico is part of or has an interest erived from the contract under which this invoice is issued and if such a relationship does exist the party has applied a consideration for providing the goods or services under this contract has been the payment of the amount agreed agency representative. The total amount due for this invoice is just and correct. The services were rendered, and the	for an
Officer's nam	: Title:	
Signature:	Date:	
E-mail Addre	: Telephone number:	
File this form to:	Telecommunications Bureau of Puerto Rico Attn. PRUSF Administrator 500 Roberto H. Todd Ave.	

Revised: 7/1/2022

Stop 18 - Santurce

San Juan, Puerto Rico 00907-3941

NEGOCIADO de TELECOMUNICACIONES DE PUERTO RICO