

RHCD SERVICE PROVIDER INVOICE

FOR RHCD USE ONLY

Service Provider Name: **Smith Telco**
 SPIN: 143004567
 Service Provider Invoice Number: RHC #1 061505
 Invoice Date to RHCD (mm/dd/yy): 06/15/06
 Total Invoice Amount: \$2,520.00

Header Verification: _____
 _____ RHCD Processed Date: _____
 _____ Number of Records: _____
 _____ Number of Records Approved: _____
 _____ RHCD Approved Total Amount: _____

#	Funding Year (yyyy)	HCP #	Funding Request #	Billing Account #	Multiple Months (Y or N)	Support Date (mmyyyy)	Support Amount to be Paid by USAC	Code
1	2005	12345	12300	589764	Y	062006	\$2,520.00	_____
2								_____
3								_____
4								_____
5								_____
6								_____
7								_____
8								_____
9								_____
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11								_____
12								_____
13								_____
14								_____
15								_____
16								_____
17								_____
18								_____
19								_____
20								_____

I certify that the information contained in this invoice is correct and that the health care providers and Billing Account Numbers listed above have been credited with the amount shown under "Support Amount to be Paid by USAC".

Signature: _____

Date: **6/15/06**

Print Name: **Mary Jones**

Telephone #: **800-123-4567**