

In order to file invoices electronically, a **formatted text file** must be prepared using any programming language, spreadsheet, or word processing software before encrypted and sent to E-Rate. The following guidelines must be applied:

1. **All** fields must be enclosed in **double quotes (")** and separated by **comma (,)**. Optional fields not used should be represented as two double quotes followed by a comma: "", Trailing spaces or leading zeroes are not necessary.
2. Decimal Points must be explicitly included.
3. Every line represents one complete record, either header, detail or trailer. Multiple Header/Detail/Trailer records are acceptable.
4. The "# " sign between the Line and Field Description indicates a control record and is used for validating the transmission. Control records are not considered part of the actual invoice. If any errors are found, a report is produced and distributed to the Service Provider contact who submitted the invoice. Note that **all** required fields will be used to validate that the transmission was successful.
5. Additionally, all files must follow a strict naming convention. The structure is email address followed by a carat (^) then SPIN underscore unique filename. Be sure to always make each filename unique following the SPIN to prevent overwriting previously sent invoices. The following is an example for SPIN 143123456: JohnDoe@serviceprovider.com^143123456_april99.txtA second file sent by this service provider would need to appear like the following to prevent overwriting the first: JohnDoe@serviceprovider.com^143123456_april99a.txt. Note the file name cannot contain any spaces in between characters.
6. Certification must be made for each submission. The certification text must be included in the email for the submission along with the completed Name and Address information.

Using a program that extracts and formats the information from a database the output file must look similar to the following sample: (Complete reference to field sizes and descriptions follow the example)

One SPIN Invoice Example

```
"SRH","Contact Name","Contact@domain.com","9734446666","213"
"HDR","Service ProviderName","123456789","Contact Name","1234567890","", "1234567889898912121234567","01201998"
"DTL","1234567890","0987654321","MONTHLY","011998","", "5000.00","1000.00","20"
"DTL","1234567890","0987654322","ONE-TIME","", "01011998","5000.00","1000.00","20"
"TRL","2000.00","2"
"SPT","1","2","2000.00"
```

Multiple SPIN Invoice Example

```
"SRH","Contact Name","Contact@domain.com","9734446666","213"
"HDR","Service ProviderName","123456789","Contact Name","5555551212","", "1234567889898912121234567","01201998"
"DTL","1234567890","0987654321","MONTHLY","011998","", "5000.00","1000.00","20"
"DTL","1234567890","0987654322","ONE-TIME","", "01011998","5000.00","1000.00","20"
"TRL","2000.", "2"
"HDR","Service ProviderName","987654321","Contact Name","5555551212","", "987654321898912121234567","01201998"
"DTL","1234567890","0987654324","MONTHLY","011998","", "5000.00","2500.00","50"
"DTL","1234567890","0987654325","MONTHLY","011998","", "5000.00","2500.00","50"
```



Available for Public Use

"DTL","1234567890","0987654326","MONTHLY","011998","","5000.00","2500.00","50"
"TRL","7500.00","3"
"SPT","2","5","9500.00"

SERVICE PROVIDER HEADER

1	#	Service Provider Transmittal Header Information	Char (3)	Required	SRH	A value to identify the transmission header record.
2	#	Submitter Contact Name	Char (30)	Required		The name of the person to contacted if there are any transmission errors.
3	#	Submitter Contact's E-mail address	Char (100)	Required		The email address of the person (in line 2) submitting the invoice.
4	#	Submitter Contact's Phone number	Num (10)	Required		The phone number of the person (in line 2) submitting the invoice.
5		Submitter's Contact's Phone Extension	Num (4)	Optional		The phone number extension of the person (in line 2) submitting the invoice.

INVOICE HEADER

6	#	Header Identifier	Char (3)	Required	HDR	A value to identify the invoice header record.
7		Service Provider Name	Char (30)	Required		Service Provider Invoice Form Item (1).
8		Service Provider Identification Number (SPIN)	Char (9)	Required		Service Provider Invoice Form Item (2).
9		Service Provider Contact Name	Char (30)	Required		Service Provider Invoice Form Item (3).
10		Service Provider Contact Telephone Number	Num (10)	Required		The telephone number for contacting the person identified in line 9.
11		Service Provider Contact Phone Extension	Num (4)	Optional		The telephone extension number for contacting the person identified in line 9.
12		Invoice Number (to SLD)	Char (25)	Required		Service Provider Invoice Form Identifier
13		Invoice Date (to SLD)	MMDDYYYY	Required	MMDDYYYY	A value to identify date prepared.

INVOICE DETAIL

14	#	Detail Identifier	Char (3)	Required	DTL	A value to identify an invoice detail record.
15		FCC Form 471 Application Number	Num (10)	Required		Service Provider Invoice Form Column (6).
16		Funding Request Number (FRN)	Num (10)	Required		Service Provider Invoice Form Column (7).

17	Bill Frequency	Char (20)	Required	MONTHLY QUARTERLY ANNUALLY ONE-TIME OTHER	Service Provider Invoice Form Column (8). Note: this field is case sensitive. There is not a space in front of or in back of the hyphen and all letters must be in CAPS
18	Customer Billed Date	MMYYYY	Optional <i>Note: Either line 17 ("Customer Billed Date") or line 18 ("Shipping Date to Customer or Last Day of Work Performed") must be entered; but not both.</i>	MMYYYY	Service Provider Invoice Form Column (9).
19	Shipping Date to Customer or Last Day of Work Performed	MMDDYYYY	Optional <i>Note: Either line 17 ("Customer Billed Date") or line 18 ("Shipping Date to Customer or Last Day of Work Performed") must be entered; but not both.</i>	MMDDYYYY	Service Provider Invoice Form Column (10).
20	Total (Undiscounted) Amount for Service per FRN	Num(14.2)	Required		Service Provider Invoice Form Column (11).

21	Discount Amount Billed to SLD	Num(14.2)	Required		Service Provider Invoice Form Column (13).
22	Discount Percentage	Char(2)	Required		Service Provider Invoice Form Column (12).

INVOICE TRAILER

23	# Trailer Identifier	Char(3)	Required	TRL	A value to identify an invoice trailer record.
24	Total Invoice Amount	Num(14.2)	Required		Service Provider Invoice Form Item (5).
25	# Total Number of Detail Records for this Invoice	Num(8)	Required		The total number of invoice detail lines associated with a given invoice header.

SERVICE PROVIDER TRAILER

23	# Service Provider Transmittal Trailer Information	Char(3)	Required	SPT	A value to identify the transmission trailer record.
27	# Total number of Invoice Headers Submitted	Num(8)	Required		The total number of invoice header records (ie. number of SPINS) included in this transmission.
28	# Total number of Invoice Details Submitted	Num(8)	Required		The total number of invoice detail records included in this transmission.
29	# Total Amount Requested on this Service Provider Transmission	Num(14.2)	Required		The total amount requested on this Service Provider invoice: the sum of all line 21 amounts.
