Rural Health Care Program Electronic Remittance Statement Sample
Guideline

Rural Health Care Disbursements without Adjustment

143000xxx|Company
x|johndoe@companyx.com|usacstatement@universalservice.org|2|$159.00|Rural Health Care|As of November 6, 2015
Telecom|Invoice x|062014|14903|Health Care Provider x|21774|$100.00
Pilot|Invoice x|062009|14904|Health Care Provider x|21775|$59.00

Your Total Actual Disbursement: $159.00.

Description of Fields on an Electronic Remittance Statement:

Summary Line:
FCC Form 498 ID #|Customer Name|Customer Email Address
|usacstatement@universalservice.org|# of Disbursements|Sum of Total Disbursements|

Detail Line:
Fund Type| Customer Invoice #| Fund Year| Health Care Provider #|Health Care Provider Name| Funding Request #| Disbursement Amount

Actual Disbursement:

Your Total Actual Disbursement: Amount Disbursed.

Rural Health Care Disbursements with Adjustment for Elective Offsetting on FCC Form 498

143000xxx|Company
x|johndoe@companyx.com|usacstatement@universalservice.org|2|$159.00|Rural Health Care|As of November 6, 2015
Telecom|Invoice x|062014|14903|Health Care Provider x|21774|$100.00
Pilot|Invoice x|062009|14904|Health Care Provider x|21775|$59.00

*Please be advised the Disbursements are netted as follows: Disbursement netted against Contributor obligation for Filer ID 8xxxxx pursuant to
Offsetting option elected on its FCC Form 498 in the amount of $100.00 on
11/06/15.

Therefore, Your Total Actual Disbursement: $59.00.

Description of Fields on an Estateatement:

Summary Line:
FCC Form 498 ID #|Customer Name|Customer Email Address
|usacstatement@universalservice.org|# of Disbursements|Sum of Total Disbursements|

Detail Line:
Adjustments:

*Please be advised the Disbursements are netted as follows: Disbursement netted against Contributor obligation for Filer ID 8xxxxx pursuant to Offsetting option elected on its FCC Form 498 in the amount of $Amount on MM/DD/YYYY.

**Actual Disbursement:**

Therefore, Your Total Actual Disbursement: **Amount Disbursed.**

Rural Health Care Disbursement with Adjustment for Offsetting due to Red Light Rule

143000xxx|Company
x|johndoe@companyx.com|usacstatement@universalservice.org|2|$159.00|Rural Health Care|As of November 6, 2015
Telecom|Invoice x|062014|14903|Health Care Provider x|21774|$100.00
Pilot|Invoice x|062009|14904|Health Care Provider x|21775|$59.00

* Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8xxxxx against Contributor obligation pursuant to Red Light Rule in the amount of $100.00 on 10/21/15.

Therefore, Your Total Actual Disbursement: $59.00.

Description of Fields on an Estatement:

**Summary Line:**

FCC Form 498 ID #|Customer Name|Customer Email Address
|usacstatement@universalservice.org|# of Disbursements|Sum of Total Disbursements|

**Detail Line:**

Fund Type| Customer Invoice #|Fund Year| Health Care Provider #|Health Care Provider Name| Funding Request #|Disbursement Amount

Adjustments:

* Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8xxxxx against Contributor obligation pursuant to Red Light Rule in the amount of $Amount on MM/DD/YYYY.

**Actual Disbursement:**

Therefore, Your Total Actual Disbursement: **Amount Disbursed.**