



UNIVERSAL SERVICE FUND (USF) CLAIM FORM

**Project Information**

- 1) Name of Concessionaire / Payee .....
- 2) Project Name .....
- 3) Project Number .....
- 4) Start Date of Project .....
- 5) Estimated Completion Date of Project .....
- 6) Project Phase (if applicable) .....
- 7) Project Location .....
- 8) Total Approved Funding \$.....
- 9) Total Claim Amount \$.....

10) Details of Claim:  
.....  
.....  
.....  
.....  
.....  
.....

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

**For official use only**

	Name in Block Letters	Signature	Date
Claim certified by			
Claim checked by			
Payment approved by			

Please attach Claim Form to your original invoice for the amount claimed together with all relevant documentation to support the claim