

# OKLAHOMA UNIVERSAL SERVICE FUND

## LIFELINE SERVICE PROGRAM REIMBURSEMENT FORM

Telephone Company: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Prepared by: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_  
 Cause No.: \_\_\_\_\_  
 Order No.: \_\_\_\_\_

	<b>Existing Verified Customers (List of Customers Attached)</b>	<b><u>Add</u> New Customers (Certification Forms Attached)</b>	<b><u>Less</u> Dropped out Customers</b>	<b>Total Customers</b>
Month/Year	Customers	Customers	Customers	Customers

<b>Total Reimbursement:</b>	@ \$1.17 = \$
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