

IDAHO TELECOMMUNICATIONS SERVICE ASSISTANCE PROGRAM FORM

REVISED 5/17

DUE DATE: TWENTIETH OF MONTH

COMPANY NAME _____

REPORTING PERIOD: _____ TO _____

SURCHARGE REVENUES:

	RESIDENTIAL BUSINESS & WIRELESS END USERS	X SURCHARGE =	SURCHARGE REVENUES
RESIDENTIAL ACCESS LINES	_____	\$0.00	_____
BUSINESS ACCESS LINES	_____	\$0.00	_____
WIRELESS ACCESS LINES	_____	\$0.00	_____
TOTAL ACCESS LINES	_____		
PRORATED CHARGES			_____
TOTAL SURCHARGE REVENUES			<div style="border: 2px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>

ASSISTANCE REVENUES:

	RECIPIENTS	X	ITSAP CREDIT	=	TOTAL ASSISTANCE REVENUES
TOTAL CREDIT PAID TO RECIPIENTS	_____		\$2.50		<div style="border: 2px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>

TOTAL DUE:

COSTS OF PROGRAM ADMINISTRATION	<div style="border: 2px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
NET SURCHARGE REVENUES (SURCHARGE LESS CREDITS & ADMINISTRATIVE COSTS)	<div style="border: 2px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>

PREPARED BY: _____

PHONE: _____

E-MAIL: _____

QUESTIONS? CALL ALYSON ANDERSON, ADMIN.
PHONE (801) 294-5343 FAX (801) 294-5143
E-MAIL alyson_anderson@msn.com

PLEASE MAKE CHECKS PAYABLE TO
IDAHO TELECOMMUNICATIONS SERVICE ASSISTANCE PROGRAM
1964 NORTH 300 EAST
CENTERVILLE, UT 84014