



NUSF-92 Dedicated Wireless Program Reimbursement Request

2024 Program Year

As required by order of the Nebraska Public Service Commission in Docket No. NUSF-92.64, following project completion, providers who submitted a successful application in the 2024 NUSF-92 award cycle shall submit all invoices justifying project expenses within ninety (90) days of project completion.

Please attach documentation supporting actual allowable costs incurred in the completion of this project. Final reimbursement requests will be reviewed by the Commission staff, and final payments may be adjusted based on actual allowable project costs, match percentage, and payments already made.

Date of Request:	
Awardee Name:	
Project/Site Name:	
Contact Person:	
Mailing Address:	
Email Address:	
Phone Number:	

Project Completion Date:	
Total Award Amount:	
Total Eligible Project Costs Incurred:	
Agreed Upon Match Percentage:	
Total Reimbursement Received to Date:	
Final Reimbursement Amount Requested:	

Final Reimbursement Request Requirements:

By submitting this reimbursement request, you certify that the expenses included for reimbursement are solely for the allowable costs incurred during the execution of the broadband deployment project as named below, as approved in the application submitted for the above mentioned project/site in NUSF-92.64. This request pertains exclusively to allowable direct costs associated with the project approved in NUSF-92.64. A cost summary detailing the following information must be attached:

- Date (i.e. date of the invoice)
- Amount (should only include allowable, project related amounts)
- Supporting documentation description (i.e. vendor name on the invoice, invoice number, and/or clearly label the documentation that is attached to the request)
- Description of the cost

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Alternatively, awardees have the option to utilize the [Reimbursement Request Template](#) found on the Commission's website to furnish the cost summary.

Cost Summary Example:

Date	Amount	Documentation Description	Cost Description
2/1/2024	\$2,000	Invoice 123ABC	Site Survey
3/15/2024	\$30,000	Invoice A	Equipment
4/1/2024	\$25,000	Invoice 5782	Contract Labor

The request must also include all supporting documentation (invoices, cost accounting documents, etc.).

ATTESTATION: By signing this document, I attest under penalty of perjury that the information contained in this form and all supporting documents are true and accurate, and that I have undertaken due diligence to obtain knowledge regarding these claims. Furthermore, I certify that the expenditures delineated herein constitute valid, eligible project costs and were incurred for the wireless tower installation, as approved in the application submitted for this site in NUSF-92.64. I understand that the submission of false information in this document shall be considered as a violation of an order of the Commission and may be subject to civil and/or criminal penalties.

Printed Name of Officer or Agent

Date

Title of Officer or Agent

Signature of Officer or Agent