



## Capital Projects Fund

### Nebraska Reimbursement Request

#### 2025 Program Year

As required by order of the Nebraska Public Service Commission in Docket No. CPF-1, following project completion, providers who submitted a successful application in the 2025 CPF-1 line extension program 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 and match percentage.

Date of Request:	
Applicant Name:	
Project Name:	
Contact Person:	
Mailing Address:	
Email Address:	
Phone Number:	

Project Completion Date:	
Total Grant Award Amount:	
Total Eligible Project Costs Incurred:	
Number of Locations to be Funded:	
Final Reimbursement Amount Requested:	

#### Final Reimbursement Request Requirements:

The final reimbursement requests for projects under the Capital Projects Fund Program should include a cost summary detailing the following information:

- 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

#### Cost Summary Example:

Date	Amount	Documentation Description	Cost Description
2/1/2022	\$4,000	Invoice 123ABC	Site Inspection
3/15/2022	\$30,000	Invoice A	Fiber
4/1/2022	\$25,000	Invoice 5782	Contract Labor

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The request must also include all supporting documentation (invoices, cost accounting documents, etc.). Examples of allowed and disallowed costs are available on the Commission website at: <https://psc.nebraska.gov/telecommunications/nebraska-broadband-bridge-program-nbbp>

If your company has an agreement with vendors regarding paperless billing, you must notify the Commission in a cover letter submitted with this reimbursement request. In the case of paperless billing, internal accounting system printouts that state the date, amount, invoice/PO number, vendor and description of the cost must be included.

Thank you for your participation in the Capital Projects Fund Program. The Commission may contact you with follow-up questions as needed.

**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. 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.

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Printed Name of Officer or Agent

Date

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Title of Officer or Agent

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Signature of Officer or Agent

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