OKLAHOMA UNIVERSAL SERVICE FUND

LIFELINE SERVICE PROGRAM REIMBURSEMENT FORM

Telephone Company: _____
Date: _____
Prepared by: _____
Telephone No.: _____
Cause No.: _____
Order No.: _____

	Existing Verified Customers (List of Customers Attached)	**Add** **New Customers (Certification Forms Attached)**	**Less** **Dropped out Customers**	**Total Customers**
Month/Year	Customers	Customers	Customers	Customers

Total Reimbursement:	@ $1.17 =	$