SOUTH CAROLINA OFFICE OF REGULATORY STAFF SC TELECOMMUNICATIONS RELAY SYSTEM INVOICE

Name of Company: () Check Here if information to the left is incorrect and provide correct information below. Attn: Title: Co. Name: Address: Address: City/StateZip: Contact Phone No: () Contact Phone No: () E-Mail address of contact person:	Billing for access lines in service in the Month of:	
Image: Second	Name of Company:	and provide correct information below.
Co. Name: Address: Address: City/StateZip: Contact Phone No: () Contact Phone No: () E-Mail address of contact person: Contact Phone No: () I. Previous Balance § 2. Number of Local Access Lines in SC for the Month of # 3. Rate per Access Line .0 4. Calculate Amount Due (Line 2 x Line 3) § 5. Administrative Fee Allowed (Line 4 x 2%) S 6. Less: Amount Paid to ILEC's on Resold Lines (Amount of lines resold to & collected by ILEC's) \$ **Please attach copy of page from bill showing payment** S		
Address:		
City/StateZip: Contact Phone No: () E-Mail address of contact person: 1. Previous Balance 2. Number of Local Access Lines in SC for the Month of 3. Rate per Access Line 4. Calculate Amount Due (Line 2 x Line 3) 5. Administrative Fee Allowed (Line 4 x 2%) 6. Less: Amount Paid to ILEC's on Resold Lines (Amount of lines resold to & collected by ILEC's) **Please attach copy of page from bill showing payment**		
Contact Phone No: () E-Mail address of contact person: 1. Previous Balance 2. Number of Local Access Lines in SC for the Month of 3. Rate per Access Line 4. Calculate Amount Due (Line 2 x Line 3) 5. Administrative Fee Allowed (Line 4 x 2%) 6. Less: Amount Paid to ILEC's on Resold Lines (Amount of lines resold to & collected by ILEC's) **Please attach copy of page from bill showing payment**		
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(Amount of lines resold to & collected by ILEC's) **Please attach copy of page from bill showing payment**	5. Administrative Fee Allowed (Line 4 x 2%)	\$
Please attach copy of page from bill showing payment		\$
7. Total Payment Due (Line 1 + Line 4 - Line 5 - Line 6)		
	7. Total Payment Due (Line 1 + Line 4 - Line 5 - Line 6)	\$

I hereby affirm that the information reported herein is true and accurate to the best of my knowledge:

Company Official:	Title:
(Please Print)	
Company Official:	Title:
(Signature)	

Please make check payable to: The Office of Regulatory Staff

Mail check and copy of bill to:

The Office of Regulatory Staff Attention: Kari Munn 1401 Main St., Ste. 900 Columbia, SC 29201

PAYMENTS ARE DUE ON OR BEFORE THE 15TH OF THE MONTH

South Carolina Office of Regulatory Staff 1401 Main St., Ste. 900 Columbia, SC 29201 1-803-737-0800