Form Revision: 4: 12016



INVOICE (Attachment A)

Telephone Service Provider:	
Company Name	
Contact Person	
Address	_
City, State, Zip	
Phone	
Federal ID #	
(required)	
Tist of aligible costs (see attached invoices)	Amount to be reimbursed
List of eligible costs (see attached invoices)	Amount to be reimbursed
TOTAL	
Attach the original invoices of expenses to suppo	L ort request for reimbursement
Eligible Costs: Phase 1 related costs only	
Non-recurring Costs Switch upgrades, hardware/software	Monthly Recurring Costs Interconnect spans/trunks (to router SCP and ALL Database)
Engineering	Interconnect, spans/trunks (to router, SCP, and ALI Database) Switch maintenance, port charges
Accounting	Engineering
Legal	Accounting
Non-Disclosure Agreements	Legal
911 Contracts	Non-Disclosure Agreements
Federal or State filings	911 Contracts
Field Technician	Federal or State filings
Interconnect, spans/trunks (to router, SCP, and ALI Database)	Database Management
Signature certifies that above expenses are in accordance with 1	lowa Code Chapter 34. Administrative Rule [605] Chapter 10
organisation of the contract o	
<u> </u>	Dete
Signature	Date
Mail this form to: Iowa Homeland Security and Emergency Management Department	
E-911 Program	
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For Office Use Only	
Approved by	Fund 0046
	Org W100
Approved Total	Obj 2348
Approved Total	