

**Oklahoma Universal Service Fund**  
**Funding Year 2025-2026 Remittance Worksheet Instructions**

**OUSF REQUEST FOR AUTHORIZATION TO REPORT QUARTERLY**

CONNECTIONS-BASED METHODOLOGY JULY 2025 – JUNE 2026

Contributing Providers seeking to report the OUSF on a calendar quarter must submit the following information:

**Contributing Provider Information:**

Company Code: OK- \_\_\_\_\_ Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**CONNECTION COUNTS**

<b>1) Report the Number of Connections for the Most Current Quarter</b>					
<b>a) Quarter</b>		<b>Number of Connections</b>			
<b>2) Report the Number of Connections for the Previous Four Quarters</b>					
	<b>Please Select Quarter:</b>				
<b>a) Quarter</b>		<b>Number of Connections</b>		<b>% Variance</b>	
<b>b) Quarter</b>		<b>Number of Connections</b>		<b>% Variance</b>	
<b>c) Quarter</b>		<b>Number of Connections</b>		<b>% Variance</b>	
<b>d) Quarter</b>		<b>Number of Connections</b>		<b>% Variance</b>	
		<b>Total Variance from 1st to Last Quarter</b>			

The connection counts for each of the Previous Four Quarters listed above cannot vary more than 5% in any given quarter as compared to the previous quarter. Additionally, there cannot be a variance of more than 5% between the first quarter listed in a) above, and the last quarter listed in d) above.

Under penalties as permitted by Oklahoma law, I certify that I have reviewed the above listed information and that the information is true and correct to the best of my knowledge.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please submit to: Vantage Point Solutions, OUSF Manager,  
 2930 Montvale Dr, Ste B, Springfield, Illinois, 62704. E-Mail: ousf@vantagepnt.com*