

**Florida Telecommunications Relay, Inc.
Monthly TASA Surcharge Collection Report**

Date: _____ For Period: _____

From: _____
(Company Name)

Florida Company Code: _____

Date surcharge remitted to FTRI: _____

Remitted by: Check # _____ Wire Transfer _____

Number of access lines billed @ \$.11 each: _____
(\$.11 beginning July 1, 2007)

Number of VoIP lines billed @ \$.11 each: _____
(\$.11 beginning July 1, 2007)

Was the surcharge prorated on any access lines? _____

1. Total surcharge billed	\$	_____
2. Less surcharge not collected	\$	_____
3. Plus surcharge collected (attributed to prior period)	\$	_____
4. Subtotal	\$	_____
5. Less 1% of surcharge collected	\$	_____
6. Total amount remitted to FTRI (fund administrator)	\$	_____

Prepared by: _____ Phone: _____

Signed by: _____ Email: _____

Approved by: _____ Date: _____

Please remit payment with form to:

**Florida Telecommunications Relay, Inc.
Accounts Receivable Department
1820 E. Park Avenue, Suite 101
Tallahassee, FL 32301**

**Phone: 850-205-1470 ext. 225
Fax: 850-656-6099
Email: accountsreceivable@ftri.org**