

Postage Statement - Package ServicesPost Office: Note Mail Arrival Date & Time
(Do Not Round-Stamp)**(Bound Printed Matter, Library Mail, Media Mail, Parcel Post, and Parcel Select)***Use this form for all Package Services. Only Library Mail and Media Mail may be combined.*

Mailer	Permit Holder's Name and Address and Email Address If Any		Telephone	Name and Address of Mailing Agent (If other than permit holder)		Telephone	Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder)	
	CAPS Cust. Ref. No. _____ CRID _____			CRID _____			CRID _____	
Mailing	Post Office of Mailing		Processing Category <input type="checkbox"/> Flats <input type="checkbox"/> Parcels		Mailer's Mailing Date		Federal Agency Cost Code	
	Type of Postage <input type="checkbox"/> Permit Imprint <input type="checkbox"/> Metered				Weight of a Single Piece _____ pounds		Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class	
	Permit #		Packaging Based on <input type="checkbox"/> Piece Count <input type="checkbox"/> Weight <input type="checkbox"/> Both		If Sacked, Based on <input type="checkbox"/> Piece Count <input type="checkbox"/> 20 Pounds		Hold For Pickup (HFPU) # of pieces _____	
	For Barcoded Pieces, Enter Date of Address Matching and Coding ____/____/____							
							Total Pieces	
Postage	Parts Completed (Select all that apply) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> S							
	Total Postage (Add parts totals)							
	Price at Which Postage Affixed (Check one) Complete if the mailing includes pieces bearing metered or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither _____ pcs. x \$ _____ = Postage Affixed							
	Permit # _____ Net Postage Due (Subtract postage affixed from total postage)							
	For USPS Use Only: Additional Postage Payment (State reason)							
USPS Use Only	(Add additional payment to net postage due for affixed or permit imprint - choose one only) Total Adjusted Postage Affixed							
	Postmaster: Report Total Postage in Applicable AIC (Permit Imprint Only)	AIC 131		Total Adjusted BPM Postage Permit Imprint				
		AIC 124		Total Adjusted Media Mail/Lib. Mail Postage Permit Imprint				
		AIC 211		Total Adjusted Parcel Select Postage Permit Imprint				
		AIC 212		Total Adjusted Parcel Post Postage Permit Imprint				
Certification	The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.							
	<i>Privacy Notice: For information regarding our Privacy Policy visit www.usps.com</i>							
Signature of Mailer or Agent			Name of Mailer or Agent			Telephone		
USPS Use Only To be completed in non-Postal/One! sites	Weight of a Single Piece _____ pound		Are postage figures at left adjusted from mailer's entries? If yes, reason: <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Total Pieces	Total Weight						
	Total Postage							
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)		<div style="border: 1px solid black; padding: 5px;"> Round Stamp (Required) Payment Date </div>					
	I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; (4) payment of annual fee (if required); and (5) sufficient funds on deposit (if required)							
	USPS Employee's Signature		Date Mailed Notified			Contact		
		By (Initials)		Time AM PM				
		Print USPS Employee's Name						