

**TO THE TOWN ACCOUNTANT:**

DATE: April 6, 2022

			INVOICE	INVOICE		
LINE ITEM NUMBER	AMOUNT	VENDOR ID	NUMBER	DATE	PAY TO	ACCT USE ONLY
Postage						
01131520-542010	\$ 736.00	8423	Spring 2022	04/06/22	Postmaster	
Total of Bills	\$ 736.00					

## Postage Statement—USPS Marketing Mail

<b>Mailer</b>	<b>Permit Holder</b> Name, Address, Email, Telephone Town of Millis dgilmore@millisma.gov 900 Main Street Millis MA 02054 508.376.5424		<b>Mailing Agent</b> (If other than permit holder) Name, Address, Telephone		<b>Mail Owner</b> (If other than permit holder) Name, Address	
	CAPS Cust. Ref. No. _____ CRID _____		CRID _____		CRID _____	

  

<b>Mailing</b>	Post Office of Mailing <b>Millis</b>		Mailing Date <b>4/22/22</b>		Federal Agency Cost Code		Statement Seq. No.		For Automation Pieces, Enter Date of Address Matching and Coding ____/____/____		No. & Type of Containers	
	Type of Postage <input type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered		Processing Category <input type="checkbox"/> Letters <input type="checkbox"/> CMM <input type="checkbox"/> Flats <input type="checkbox"/> Catalogs <input type="checkbox"/> Marketing Parcels		Total # of Pieces in Mailing <b>3,680</b> Total Weight		SSF Transaction# Permit # <b>20</b>		For Carrier Route Pieces, Enter Date of Address Matching and Coding ____/____/____		____ Sacks ____ 1 ft. Letter Trays ____ 2 ft. Letter Trays ____ EMM Letter Trays ____ Flat Trays ____ Pallets ____ Other	
	For Mail Enclosed within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Periodicals <input type="checkbox"/> Media Mail		Move Update Method <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> NCOA Link <input type="checkbox"/> ACS		<input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format		Weight of a Single Piece 0. _____ pounds <input type="checkbox"/> Mailpiece is a product sample ____ % Samples		For Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing ____/____/____		For Pieces Bearing a Simplified Address, Enter Date of Delivery Statistics File or Alternative Method ____/____/____	
Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class		This is a Political Campaign Mailing <input type="checkbox"/> Yes <input type="checkbox"/> No This is Official Election Mail <input type="checkbox"/> Yes <input type="checkbox"/> No										

  

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 checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> NSA			
<b>Postage</b>	1 Subtotal Postage (Add parts totals)		
	2 Price at Which Postage Affixed (Check one). <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither Complete if mailing includes pieces bearing metered/PC Postage or precanceled stamps. _____ pcs. x \$_____ = Postage Affixed		-
	3 Incentive/Discount Flat Dollar Amount		-
	4 Fee Flat Dollar Amount		+
	5 Permit # _____ Net Postage Due (Line 1 +/- Lines 2, 3, 4)		\$ <b>736.00</b>

  

<b>USPS Use Only</b>	Additional Postage Payment (State reason)		
	For postage affixed, add additional payment to net postage due; for permit imprint, add additional payment to total postage.		Total Adjusted Postage Affixed
	Postmaster: Report Total Postage in AIC 130 [Permit Imprint Only, Excluding Simplified Addressing (EDDM)]		Total Adjusted Postage Permit Imprint
	Postmaster: Report Total Postage in AIC 208 [Simplified Addressing (EDDM), Permit Imprint Only]		Total Adjusted Postage Simplified Addressing (EDDM)

  

<b>Certification</b>	Incentive/Discount Claimed: _____ Type of Fee: _____		
	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. Privacy Notice: For information regarding our Privacy Policy visit <a href="http://www.usps.com">www.usps.com</a> .		
	Signature of Mailer or Agent _____ Printed Name of Mailer or Agent Signing Form _____ Telephone _____		

  

<b>USPS Use Only</b>	Weight of a Single Piece _____*____ pounds		Total Weight		Are postage figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason: _____		Round Stamp (Required) Payment Date	
	Total Pieces		Total Postage					
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No				Date Mailed Notified _____ Contact _____ By (Initials) _____ Time _____ AM _____ PM			
	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; and (5) sufficient funds on deposit (if required)							
	USPS Employee's Signature _____				Print USPS Employee's Name _____			



# USPS Marketing Mail

## Part F — Carrier Route Flats — Continued

### Flats Over 4 oz. (0.25 lbs.) but less than 16 oz. (1 lbs.)

	Entry	Price Category	Piece Price	Or Amount Affixed	No. of Pieces	Pieces Subtotal	Pound Price	Pounds	Pounds Subtotal	Subtotal Postage	Discount Total*	Fee Total	Total Postage
F31	None	Saturation**	\$0.076				\$0.630						
F32	None	High Density Plus	0.083				0.630						
F33	None	High Density	0.131				0.630						
F34	None	High Density CR Bundles / Pallet	0.121				0.630						
F35	None	Basic	0.147				0.822						
F36	None	Basic — CR Bundles/Pallet	0.126				0.822						
F37	DNDC	Saturation**	0.076				0.474						
F38	DNDC	High Density Plus	0.083				0.474						
F39	DNDC	High Density	0.131				0.474						
F40	DNDC	High Density CR Bundles / Pallet	0.121				0.474						
F41	DNDC	Basic	0.147				0.647						
F42	DNDC	Basic — CR Bundles/Pallet	0.126				0.647						
F43	DSCF	Saturation**	0.076				0.447						
F44	DSCF	High Density Plus	0.083				0.447						
F45	DSCF	High Density	0.131				0.447						
F46	DSCF	High Density CR Bundles / Pallet	0.121				0.447						
F47	DSCF	Basic	0.147				0.598						
F48	DSCF	Basic — CR Bundles/Pallet	0.126				0.598						
F49	DDU	Saturation**	0.076				0.365						
F50	DDU	High Density Plus	0.083				0.365						
F51	DDU	High Density	0.131				0.365						
F52	DDU	High Density CR Bundles / Pallet	0.121				0.365						
F53	DDU	Basic	0.147				0.566						
F54	DDU	Basic — CR Bundles/Pallet	0.126				0.566						
F55	Detached Address Label		0.065										
F56	Detached Marketing Label		0.070										

### Flats EDDM Over 4 oz. (0.25 lbs.) but less than 16 oz. (1 lbs.)\*\*

	Entry	Price Category	Piece Price	Or Amount Affixed	No. of Pieces	Pieces Subtotal	Pound Price	Pounds	Pounds Subtotal	Subtotal Postage	Discount Total*	Fee Total	Total Postage
F57	None	Saturation	\$0.077				\$0.630						
F58	DNDC	Saturation	0.077				0.474						
F59	DSCF	Saturation	0.077				0.447						
F60	DDU	Saturation	0.077				0.365						

For affixed postage mailings as described in DMM 243, compute and enter the price for each piece in the Amount Affixed column, multiply by No. of Pieces and total in the Total column.

\* May contain both Full Service Intelligent Mail and other discount-see Instructions page for additional information.

\*\* Full Service Intelligent Mail Option not available

F61 **Part F Total** (Add lines F1 — F60)

**\$736.00**

### Full Service Intelligent Mail Option

F62	DISPLAY ONLY	Flats-Number of Pieces that Comply _____ x \$0.003 =											
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