

TO THE TOWN ACCOUNTANT:

DATE: October 14, 2020

			INVOICE	INVOICE		
LINE ITEM NUMBER	AMOUNT	VENDOR ID	NUMBER	DATE	PAY TO	ACCT USE ONLY
Postage						
01131520-542010	\$ 575.15	8423	Fall 2020	10/07/20	Postmaster	
Total of Bills	\$ 575.15					

Postage Statement—USPS Marketing Mail

Post Office: Note Mail Arrival
Date & Time (Do Not Round-Stamp)

Mailer	Permit Holder Name, Address, Email, Telephone Town of Millis 900 Main Street Millis MA 02054 508-376-5424 dgilmore@millisma.gov CAPS Cust. Ref. No. _____ CRID _____		Mailing Agent (If other than permit holder) Name, Address, Telephone _____ CRID _____		Mail Owner (If other than permit holder) Name, Address _____ CRID _____	
	Post Office of Mailing Millis MA 02054		Mailer's Mailing Date 10/29/20		Federal Agency Cost Code _____ Statement Seq. No. _____	
Mailing	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 3,507 Total Weight _____	
	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		Weight of a Single Piece 0. _____ pounds <input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk.	
	<input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format		<input type="checkbox"/> Mailpiece is a product sample _____ % Samples		For Automation Pieces, Enter Date of Address Matching and Coding _____/_____/_____ For Carrier Route Pieces, Enter Date of Address Matching and Coding _____/_____/_____ 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		No. & Type of Containers _____ Sacks _____ 1 ft. Letter Trays _____ 2 ft. Letter Trays _____ EMM Letter Trays _____ Flat Trays _____ Pallets _____ Other	
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						
Postage	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 # 20 Net Postage Due (Line 1 +/- Lines 2, 3, 4)				\$575.15	
USPS Use Only	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)
Certification	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 www.usps.com .					
	Signature of Mailer or Agent		Printed Name of Mailer or Agent Signing Form		Telephone	
USPS Use Only	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: _____	
	Total Pieces		Total Postage		Round Stamp (Required) Payment Date	
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No					
	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)					Date Mailer Notified _____ By (Initials) _____ Contact _____ Time _____ AM _____ PM
	USPS Employee's Signature					Print USPS Employee's Name

USPS Marketing Mail

Part F — Carrier Route Flats

Flats 4 oz. (0.25 lbs.) or less

	Entry	Price Category	Price	No. of Pieces	Subtotal Postage	Discount Total*	Fee Total	Total Postage
F1	None	Saturation**	\$0.224					
F2	None	High Density Plus	0.232					
F3	None	High Density	0.250					
F4	None	Basic	0.302					
F5	None	Basic – CR Bundles/Pallet	0.283					
F6	DNDC	Saturation**	0.186					
F7	DNDC	High Density Plus	0.194					
F8	DNDC	High Density	0.212					
F9	DNDC	Basic	0.271					
F10	DNDC	Basic – CR Bundles/Pallet	0.252					
F11	DSCF	Saturation**	0.179					
F12	DSCF	High Density Plus	0.187					
F13	DSCF	High Density	0.205					
F14	DSCF	Basic	0.265					
F15	DSCF	Basic – CR Bundles/Pallet	0.246					
F16	DDU	Saturation**	0.163					
F17	DDU	High Density Plus	0.171					
F18	DDU	High Density	0.189					
F19	DDU	Basic	0.254					
F20	DDU	Basic – CR Bundles/Pallet	0.235					
F21	Detached Address Label		0.045					
F22	Detached Marketing Label		0.050					

Flats EDDM 4 oz. (0.25 lbs.) or less**

	Entry	Price Category	Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
F23	None	Saturation	\$0.225					
F24	DNDC	Saturation	0.187					
F25	DSCF	Saturation	0.180					
F26	DDU	Saturation	0.164	3,507	\$575.15			\$575.15

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

** Full Service Intelligent Mail Option not available

Part F continued on next page

Town of Millis
Residents Only
Fall 2020

City Routes:

C001	551
C002	252
C003	599
C004	651

Rural Routes:

R001	689
R007	587

Boxes:	178
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Total	3,507
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