

**TOWN OF MILLIS
SCHEDULE OF DEPARTMENTAL BILLS PAYABLE**

TO THE TOWN ACCOUNTANT:

**THE FOLLOWING BILLS OF THE FINANCE COMMITTEE AMOUNTING TO AN AGGREGATE OF
\$ 681.22 HAS BEEN APPROVED AND YOU ARE REQUESTED TO PLACE THEM ON A
WARRANT FOR PAYMENT.**


DATE: **March 24, 2021**

LINE ITEM NUMBER	AMOUNT	VENDOR ID	INVOICE NUMBER	INVOICE DATE	PAY TO	ACCT USE ONLY
Postage						
01131520-542010	\$ 681.22	8423	Spring 2021	03/24/21	Postmaster	
Total of Bills	\$ 681.22					

United States Postal Service
Every Door Direct Mail (EDDM) Retail®

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

Mailer	Name and Address of Individual or Organization for Which Mailing is Prepared		Telephone (508) 376-5424		Name and Address of Mailing Agent (If other than mailer)		Telephone		
	Town of Millis 900 MAIN ST MILLIS, MA, 02054								
		Customer Registration I.D. (CRID) 25890048				Customer Registration I.D. (CRID) _____			

Mailing	Post Office of Mailing MILLIS		Processing Category <input checked="" type="checkbox"/> EDDM Flats		Mailer's Mailing Date 04/20/2021		Total # of Bundles		Total # of Pieces per Bundle	
	Type of Postage <input type="checkbox"/> EDDM Retail Indicia <input type="checkbox"/> Metered <input type="checkbox"/> Meter Strip		Delivery Type Residential Route Type(s) Rural,CTY,PBOX		Weight of a Single Piece ____ ounces Max Weight 3.3 ounces		Every Door Direct Mail Barcode  1100000000002589004800000078398110354805			

Entry	Price Category	Price	No. of Pieces	Subtotal Postage	Incentive/Discount Amount	Total Postage	Status	Affix Meter Strip Here
DDU	Saturation	0.192	3,548	\$681.22			UNPAID	

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 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
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Acceptance	Postmaster: Report Total Postage in AIC 207		Subtotal Postage		Incentive/Discount Amount		Acceptance USPS Use Only	
	Weight of a Single Piece _____ ounces		Total Number of Pieces		Total Postage			
	USPS Acceptance Employee Signature					Round Date (Required) Payment Date		
	USPS Acceptance Employee Printed Name							

Verification	Number of Bundles		Any postage figures adjusted from mailer's entries? If yes, reason <input type="checkbox"/> Yes <input type="checkbox"/> No				Verification USPS Use Only				
	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		Round Date (Required) Verification Date		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Date Mailer Notified</td> <td style="width:50%;">Contact</td> </tr> <tr> <td>By (Initials)</td> <td>Time AM PM</td> </tr> </table>			Date Mailer Notified	Contact	By (Initials)	Time AM PM
								Date Mailer Notified	Contact		
								By (Initials)	Time AM PM		
USPS Verification Employee Signature		Print USPS Verification Employee Printed Name									