

CHECK
City Of Gold Bar

Voucher:
Tran: 1186
Date: 08/04/2011
To: Us Postal Service

Account: 1 Checking
Check: 016149
Amount: 191.43
For: Bills

Us Postal Service

Check: 016149 Amount: 191.43
Date: 08/04/2011
For: Bills

Invoices:

JULY 11 191.43

One Hundred Ninety One and 43/100

08/04/2011

*****191.43

Us Postal Service

Bills

July 2011 Utility Bill

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER



CITY OF GOLD BAR
107 5TH STREET
GOLD BAR, WA 98251
(360) 793-1101



19-2/1250

PAY

one hundred ninety one 43/100

DATE 8/4/11

AMOUNT 191.43

TO THE
ORDER
OF

Old Post office

BY [Signature] AUTHORIZED SIGNATURE

BY [Signature] AUTHORIZED SIGNATURE

FOR

July 2011 Utility Bills

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE - RED IMAGE DISAPPEARS WITH HEAT.

⑈0000016149⑈ ⑆125000024⑆ 36053 007⑈



Postage Statement—First-Class Mail-Easy Nonautomation Letters, Cards, or Flats

Use this form for First-Class Mail.

Mailer	Permit Holder's Name and Address and Email Address, If Any	Telephone 793-1101	Post Office of Mailing Gold Bar	Permit # 2	Weight of a Single Piece 0. <u>59</u> pound	
	CITY OF GOLD BAR 107 5TH STREET GOLD BAR, WA 98251		Type of Postage <input type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Fed. Agency Cost Code	Number and Type of Containers Sacks _____ Trays 3-1 Pallets _____	
			Mailer's Mailing Date 8-4-11	Statement Seq. No.	Total Pieces 723	Total Weight 4.1.2
			Processing Category <input checked="" type="checkbox"/> Letters (Including Postcards) <input type="checkbox"/> Flats		Move Update Method: <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FASTforward <input type="checkbox"/> OneCode ACS <input type="checkbox"/> NCOALink <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> n/a Alternative Address Format	
			CRID _____			

Postage	Letter-size Mailpieces Contain <input type="checkbox"/> Reply card or reply envelope <input type="checkbox"/> Only contents that are not required to be mailed FCM <input type="checkbox"/> DVD/CD or other disk	Category	Presort Level	Price	Number of Pieces	Total Postage
		Cards Eligible for Card Prices	B1. Presorted	\$0.260 x	608	158.08
Letters	B2. Single-Piece	0.290 x	115	33.35		
	B3. Presorted	x				
Flats	B4. Single-Piece	x				
	B11. Presorted	x				
	B12. Single-Piece	x				

Total Postage (Add Parts Totals) **191.43**

Price at Which Postage Affixed (Check one) Complete if the mailing includes pieces bearing metered or precanceled stamps.
 Correct Lowest Neither _____ pcs. x \$ _____ = **Postage Affixed**

Permit # _____ **Net Postage Due (Subtract postage affixed from total postage)** **191.43**

USPS Use	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 (Permit imprint only) AIC 121	Total Adjusted 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 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: *[Signature]*
 Printed Name of Mailer or Agent Signing Form: **Denise Beach - Co. AS**
 Telephone: **7931101**

USPS Use Only To be completed in non-PostalOne! 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	USPS Use Only To be completed in non-PostalOne! sites	
	Total Pieces: _____ Total Weight: _____			
	Total Postage: _____	Round Stamp (Required) Payment Date		
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	Date Mailer Notified		Contact
	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)	By (Initials)		Time AM PM
USPS Employee's Signature	Print USPS Employee's Name			