

CITY OF GOLD BAR

CHECK

City Of Gold Bar

16199

Voucher:
Tran: 1327
Date: 09/08/2011
To: Us Postal Service

Account: 1 Checking
Check: 016199
Amount: 186.88
For: August Bills

CITY OF GOLD BAR

Us Postal Service

Check: 016199 Amount: 186.88
Date: 09/08/2011
For: August Bills

Invoices:

AUG 2011 186.88

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

16199

PAY One Hundred Eighty Six and 88/100

DATE 09/08/2011 AMOUNT *****186.88

TO THE ORDER OF Us Postal Service

FOR: August Bills

BY *John Light* AUTHORIZED SIGNATURE
BY *John Light* AUTHORIZED SIGNATURE

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

⑈0000016199⑈ ⑆125000024⑆ 36053 007⑈

Details on back
Security Features Included.



United States Postal Service

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

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

Use this form for First-Class Mail.

Mailler	Permit Holder's Name and Address and Email Address, If Any CITY OF GOLD BAR 107 5TH STREET GOLD BAR, WA 98251	Telephone 793 1101	Post Office of Mailing Gold Bar	Permit # 2	Weight of a Single Piece 0. <u>59</u> pound	
			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 <u>31</u> Pallets _____	
			Mailler's Mailing Date 4-8-11	Statement Seq. No.	Total Pieces 707	Total Weight 3 15.8
			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		

Letter-size Mailpieces Contain	Category	Presort Level	Price	Number of Pieces	Total Postage
<input type="checkbox"/> Reply card or reply envelope	Cards Eligible for Card Prices	B1. Presorted	\$0.260 x	605	157.30
<input type="checkbox"/> Only contents that are not required to be mailed FCM		B2. Single-Piece	0.290 x	102	29.58
<input type="checkbox"/> DVD/CD or other disk	Letters	B3. Presorted	x		
		B4. Single-Piece	x		
	Flats	B11. Presorted	x		
		B12. Single-Piece	x		

Total Postage (Add Parts Totals)

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 186.88**

Permit # 2 **Net Postage Due (Subtract postage affixed from total postage) 186.88**

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.

Signature of Mailer or Agent: Denise Beaton
 Printed Name of Mailer or Agent Signing Form: Denise Beaton
 Telephone: 793 1101

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	USPS Use Only To be completed in non-Postal/One! 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 _____	