

LOS RIOS COMMUNITY COLLEGE DISTRICT

PURCHASING: (916) 568-3071 • FAX: (916) 568-3145
 ACCOUNTING OPS: (916) 568-3065 • FAX: (916) 286-3636

PURCHASE ORDER NO 0001089410

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

Date	Revision	Page
10/12/2016	1 - 10/12/2016	1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
1008687 CLARKS SHEWMAKERN	01FART511F	

Supplier: 0000037398
 PREMIER PRINT & MAIL
 2615 DEL MONTE STREET
 WEST SACRAMENTO CA 95691

Phone: (916) 503-5300
Fax: (916) 503-5310

email:

Ship To: FOLSOM LAKE COLLEGE
 RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630-6798
 United States

Bill To: 1919 Spanos Court
 Sacramento CA 95825-3981
 United States

Tax Exempt? N

Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	COPY / PRINT SERVICES; 5000 QTY 8-1/2 X 5-1/2 POSTCARDS. FULL COLOR ON ONE SIDE/BW ON THE OTHER SIDE. PER QUOTE 9/15/16	1.00 EA	389.50	389.50	10/26/2016
2- 1	MAILING SERVICES ADDRESSING, PREPARING, AND DELIVERY TO USPS FOLSOM	1.00 EA	283.00	283.00	10/26/2016

PER QUOTE DATED 9/15/2016

Sub Total Amount	672.50
Sales Tax Amount	53.80
Total PO Amount	726.30

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	4300	12	FL.VI.THTR	10070	00000	700P	726.30	2017

0001008687KIRKLINK10-OCT-2016

Verification of this purchase order can be made using the Los Rios Community College District web site listed below. If you have any questions, please contact the Purchasing Office at (916)568-3071.

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

Authorized Signature

A. Sgl 10/18/16

Notice to vendor: You are responsible for delivering goods and delivery documents to the Receiving Department at the site. Failure to do so will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of goods by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30
 MATERIAL SAFETY DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

LOS RIOS COMMUNITY COLLEGE DISTRICT

American River College • Cosumnes River College • Folsom Lake College • Sacramento City College

PURCHASE ORDER TERMS AND CONDITIONS

1. **APPLICABLE LAW:** The contract resulting from this order shall be governed by the laws of the State of California
2. **COMPLETION OF ORDERS:** LRCCD reserves the right to withhold payment until order is completed.
3. **DISCOUNTS:** Please show cash payment discount offered on your invoice in connection with any discount offered, time will be computed from date of delivery of the supplies or equipment, or from date correct invoices are received in the office specified by LRCCD if the latter date is later than the date of delivery. Payment is deemed to be made for the purpose of earning discount, on the date payment is mailed or on behalf of LRCCD.
4. **INVOICES:** Invoices shall be prepared and submitted in duplicate unless otherwise specified. Invoices shall contain Purchase order number, date, description of items, sizes and quantities, unit prices, extended totals, place and date of delivery. Invoices or vouchers not on printed bill heads shall be signed by the CONTRACTOR or person furnishing the supplies or services. Every invoice shall be properly itemized. If LRCCD has not received billing for product or services within a one year period LRCCD will not be held responsible for satisfying the debt.
5. **CHANGES:** No change or modification in terms, quantities, or specifications may be made without express authorization in writing from the LRCCD Purchasing Office and signed by the parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto. If unit cost of any item exceeds the amount shown by 10% or \$250.00 whichever is less do not ship. Contact LRCCD Purchasing at the phone number provided.
6. **BILL OF LADING:** If Bill of Lading is applicable to this order, send originals to "Ship to" address and duplicate Bill of Lading with invoices to "Bill to" address. All correspondence, invoices, bills of lading, shipping memos, packages, etc., must show purchase order number. If factory shipment, advise factory to comply.
7. **TRANSPORTATION CHARGES:** Invoices for prepaid transportation charges must be supported by original receipted expense bills.
8. **FOB POINT AND FREIGHT CHARGES:** Unless otherwise specified on this order, all items shall be delivered FOB Destination. No charge for delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, or for any other purpose will be paid by LRCCD unless expressly included and itemized in the order. Unless otherwise shown, on "FOB Shipping Point" transactions, CONTRACTOR shall arrange for lowest cost transportation, prepay and add freight to invoice and furnish supporting freight bills if the amount exceeds \$50.00. On "FOB Shipping Point" transactions, should any shipments under this purchase order be received by LRCCD in a damaged condition and any related freight loss and damage claims filed against the carrier or carriers be wholly or partially declined with the inference that damage was the result of the act of the shipper such as inadequate packaging or loading or some inherent defect in the equipment and/or material, CONTRACTOR on request of LRCCD shall at CONTRACTOR's own expense assist LRCCD in establishing carrier liability by supplying evidence that the equipment and/or materials was properly constructed, manufactured, packaged, and secured to withstand normal transportation conditions. Shipments that are California intrastate in nature and where freight is to be borne by LRCCD shall be tendered to carriers with written instructions that rate and charges may not exceed the lowest lawful rates on file with the California Public Utilities Commission.
9. **PATENT INDEMNITY:** The CONTRACTOR shall hold LRCCD, its officers, agents and employees harmless from alleged liability of any nature or kind, including costs and attorney fees and expenses, for infringement or use of any copyrighted or uncopyrighted composition, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
10. **TAXES:** Certain articles sold to LRCCD are exempt from certain Federal excise taxes. LRCCD will reimburse the CONTRACTOR for, or pay directly, all California State and local sales and use taxes applicable to this purchase.
11. **EQUAL OPPORTUNITY EMPLOYER:** The acceptance of this purchase order by a supplier of goods and services is a certification that such supplier complies with all provisions of executive order 11246 and is an equal opportunity employer.
12. **GENERAL SAFETY ORDERS:** All materials, supplies and services sold to LRCCD shall conform to the general safety orders of the State of California. All materials, except as otherwise specified, must be new and of the best quality of their respective kinds.
13. **INDEMNIFICATION:** CONTRACTOR shall indemnify, defend and hold harmless LRCCD, its trustees, officers, agents, employees and volunteers, from any and all claims, demands, suits, causes of action, damages, penalties, breaches of this agreement, infringement of patent rights, costs, expenses, violations of employee occupational health and safety laws, attorney fees, losses or liability, property damage, personal injuries to or death of persons, arising out of, alleged to have arisen out of, or relating in any way to CONTRACTOR's work to be performed under this agreement, except if caused solely by the negligence of LRCCD.
14. **TERMINATION:** LRCCD may terminate this agreement and be relieved of the payment of any consideration to CONTRACTOR should CONTRACTOR fail to perform the covenants herein contained at the time and in the manner herein provided. In the event of such termination LRCCD may proceed with the work in any manner deemed proper by LRCCD. The cost to LRCCD shall be deducted from any sum due the CONTRACTOR under this agreement and the balance if any, shall be paid the CONTRACTOR upon demand.
15. **ASSIGNMENT:** Without the written consent of LRCCD, this agreement is not assignable by CONTRACTOR either in whole or in part.
16. **PUBLIC WORKS PROJECTS:** CONTRACTOR must comply with Public Contract Code.
17. **CA LABOR CODE:** Pursuant to Section 1700, and following, the CONTRACTOR shall pay not less than the prevailing rate of per diem wages as determined by the Director of the California Department of Industrial Relations. Copies of such prevailing rate of per diem wages are on file at the Business Office of the Los Rios Community College District, 1919 Spanos Court, Sacramento, CA 95825. Those copies shall be made available to any interested party upon request. The CONTRACTOR shall forfeit, as penalty to the LRCCD, Fifty Dollars (\$50.00) for each calendar day or portion thereof, for each workman paid less than the stipulated prevailing rates for any work done under the contract by him/her or by any subcontractor under him, in violation of the provisions of such Labor Code.
18. **NOTICE:** Your employees may be exposed to hazardous substances during the course of their work while on LRCCD property. For additional information on the hazardous substances that your employees may be exposed to contact the LRCCD General Services Department at (916) 568-3048.
19. **INSURANCE:** CONTRACTOR shall, at all times, maintain in full force and effect the following insurance: Workers' Compensation, Commercial General Liability, Auto Liability, and Professional Liability if licensed professional. Policy limits for each shall be at least \$1,000,000 AND \$3,000,000 AGGREGATE for bodily injury, personal injury and property damage. Any combination of General Liability and Excess Coverage can be combined to meet the Aggregate. LRCCD shall be named as an additional insured on CONTRACTOR's policies. The CONTRACTOR shall provide a certificate of insurance and required endorsements to comply with this section at least 15 days prior to commencement of work under this contract. The certificate shall state that LRCCD will be given 30 days notice of any material change or cancellation in coverage.
20. **DISQUALIFIED EMPLOYEES:** CONTRACTOR shall ensure that persons who perform services on LRCCD property have not been convicted of any felony, or any controlled substance offense or any sex offense as those terms are defined by Education Code section 87008-87010. If LRCCD determines that any person employed by CONTRACTOR to work on LRCCD property is incompetent, unfaithful, intemperate, disorderly, abusive or is otherwise unsatisfactory, CONTRACTOR shall cause that employee to be removed from working on LRCCD property immediately, and that person shall not be employed again on LRCCD property.
21. **WORK AUTHORIZATION:** Prior to LRCCD's acceptance of this Agreement, CONTRACTORS who are not U.S. citizens must provide verification of (a) work authorization status from the appropriate U.S. Department of State; (b) a copy of their U.S. visa; (c) the number of days present in the U.S.; and (d) tax treaty status. LRCCD shall not make any payments to CONTRACTOR unless CONTRACTOR holds the appropriate U.S. visa. CONTRACTOR is responsible for ensuring they are in possession of the appropriate visa.
22. **WARRANTY:** CONTRACTOR expressly warrants that all materials, goods, equipment, services, and/or labor shall conform to the requirements set forth or incorporated into this order and any applicable industry standards or requirements, shall be merchantable and free from defects in workmanship, materials and/or design (including latent defects), and shall perform as specified. CONTRACTOR further warrants that all materials, goods, equipment, services, and/or labor will be fit and sufficient for the particular purposes intended by LRCCD. Unless agreed upon otherwise between LRCCD and CONTRACTOR, the warranty period shall be the longer of: (a) any express warranty included in this service agreement; (b) one year after the materials, goods, equipment, services, and/or labor are accepted by LRCCD; or (c) any warranty period provided under any applicable California law.

Requisition

Supplier: PREMIER PRINT & MAIL 0000037398
 2615 DEL MONTE STREET
 WEST SACRAMENTO CA 95691
 United States

Phone: (916) 503-5300 **Fax:** (916) 503-5310
email:

Ship To: RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630-6798

Business Unit: GENFD OPEN		
Req ID:	Date	Page
0001008687	09/29/2016	1
Requisition Name: Premier Print and Mail		
Requester Shannon Clark		
Requester Signature		
Buyer: Nicholas Shewmaker		
Approved:		

**COPY / PRINT SERVICES;
 5000 QTY 8-1/2 X 5-1/2
 POSTCARDS**

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	YOU CANT TAKE IT WITH YOU- POSTCARDS Line 1 - replace w/ text shown to the left. 5000 POSTCARDS. FULL COLOR ON ONE SIDE/BW ON THE OTHER SIDE. Name of Play can be listed in this Line Comment - if you want. PER QUOTE 9/15/16 USE FLC PERMIT #41 Omit this comment - this mail service does not include use of FLC Bulk Mail Permit #41.	1	EA	389.50	389.50	10/07/2016
2-1	MAILING SERVICES- < Line 2 - replace w/ text shown to the left .	1	EA	283.00	283.00	10/07/2016
Total Requisition Amount:					672.50	

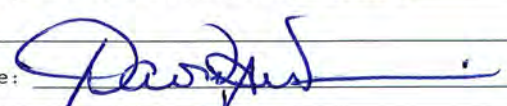
**MAIL SERVICES:
 ADDRESSING,
 PREPARING, AND
 DELIVERY TO USPS-
 FOLSOM**


<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>
GENFD	4300	12	FL.VI.THTR	10070	00000	700P	672.50

Purchases Charged to Catagorical Programs, Grants or Special Project.

This purchase is in compliance with the requirement of LOTTERY

For grants/special projects 700P

Name: 

Approval Signature 	Approval Signature 	Approval Signature
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From: [Haney, Brenda](#)
To: [Clark, Shannon](#)
Cc: [Williams, David](#)
Subject: FOR YOUR ACTION_ CORRECTIONS REQUIRED ONLREQ_0001008687 -
Date: Monday, October 03, 2016 1:41:08 PM
Attachments: [ONLREQ#_0001008687_PREMIER_PRINT_&_MAIL.pdf](#)
[0001086147_PREMIER_PRINT_&_MAIL_\(FORMERLY_TRI-CITY_TECHNOLOGIES\).pdf](#)
Importance: High

Hi Shannon –

We need you to make some corrections to the Line descriptions and comments on attached ONLREQ_0001008687, as indicated on attached copy, to use standard descriptors for these services. I've also attached a copy of last year's PO for your reference.

Please email revised requisition back to me to expedite, (not need to re-submit hardcopy).

Thank you,

Brenda Haney

Business Services

Folsom Lake College | 10 College Parkway | Folsom, CA 95630

 916.608.6635 |  haneyb@flc.losrios.edu



Print • Mail • Fulfillment

QUOTATION

Proposed To: Folsom Lake College – The Falcon's Eye
Project Description: You Can't Take It With You postcard

Date: 9/15/16

Creative Services: client provided camera ready art

Cost: N/A

Copy/Print Services: 5000 8 1/2 x 5 1/2 postcards, printed on 100# gloss book
Printed full color on one side and black ink only on the other side

Cost: \$389.50

Mail Services: Addressing, preparing and delivery to USPS in Folsom

Cost: \$283.00

Postage estimate – use PPM indicia with FLC ghost number for non-profit – estimate = \$541.30

Special Note: All postage must be received at PPM or deposited with USPS PRIOR to the drop of mail.

Fulfillment Services: N/A

Cost: N/A

Terms:

ON NEW ACCOUNTS: 50% deposit with balance due prior to delivery.
ON OPEN ACCOUNTS: 2% 10, Net 30, from date of invoice. A service charge of 1 1/2 % per month will be charged on the unpaid balances 30 days after month of invoice. (18% annual rate.)
*NOTE: Plus applicable California Sales and Use Tax.

Customer:

Acceptance of this quotation is an agreement between PPM and the undersigned and is subject to our standard terms and conditions which appear on the reverse. Buyer agrees that in an event suit is necessary to recover payment of the purchase price, buyer will pay seller's attorney fees and costs, including attorney fees for appeal.

Quotation subject to change after 30 days.

By _____
(Client Signature)

By Crystal Billings
(Premier Print & Mail)

Requisition

Supplier: PREMIER PRINT & MAIL 0000037398
 2615 DEL MONTE STREET
 WEST SACRAMENTO CA 95691
 United States

Phone: (916) 503-5300 **Fax:** (916) 503-5310
email:

Ship To: RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630-6798

Business Unit: GENFD OPEN		
Req ID:	Date	Page
0001008687	09/29/2016	1
Requisition Name: Premier Print and Mail		
Requester Shannon Clark		
Requester Signature		
Buyer: Nicholas Shewmaker		
Approved:		

Line-Schd	Description	Quantity	UOM	Price	Extended Amt Due Date
1-1	YOU CAN'T TAKE IT WITH YOU - POSTCARDS 5000 POSTCARDS. FULL COLOR ON ONE SIDE/BW ON THE OTHER SIDE. PER QUOTE 9/15/16 USE FLC PERMIT #41	1	EA	389.50	389.50 10/07/2016
2-1	MAILING SERVICES	1	EA	283.00	283.00 10/07/2016


Total Requisition Amount: 672.50


<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>
GENFD	4300	12	FL.VI.THTR	10070	00000	700P	672.50

Purchases Charged to Catagorical Programs, Grants or Special Project.

This purchase is in compliance with the requirement of LOTTERY

For grants/special projects 700P

Name: 

Approval Signature 	Approval Signature	Approval Signature
--	---------------------------	---------------------------

Clark, Shannon

From: Wallace, Ian
Sent: Thursday, September 22, 2016 10:46 AM
To: 'Falcon's Eye Theatre'; Clark, Shannon
Cc: Williams, David; Harris, David
Subject: RE: Invoice for Falcon's Eye postcard mailing

Follow Up Flag: Follow up
Flag Status: Flagged

Shannon-

Here are the budget codes to use for the postcard quote:

- Printing/Handling/Mailing services: GENFD 4300 12 FL.VI.THTR 10070 2017 700P
- Postage: SCOFI 5810 14 FL.VI.THTR 10070 2017 077A

And I will second Sunny's comment about needing to usher this through the purchasing process ASAP. Thanks so much!
Let us know if you have any questions.

Thanks
Ian

From: Falcon's Eye Theatre [mailto:falconseyetheatre.flc@gmail.com]
Sent: Thursday, September 22, 2016 10:12 AM
To: Clark, Shannon
Cc: Williams, David; Harris, David; Wallace, Ian
Subject: Invoice for Falcon's Eye postcard mailing

Hi, Shannon.

Attached please find the formal quote for postcard printing and postage due for the YCTIWY production. They will not begin printing until they have received payment. It seems that this could take a bit of time to make it through business services, so if we could get the ball rolling now, that would be most appreciated.

Thanks,

--

Sunny Mitchell
Marketing & Outreach - Falcon's Eye Theatre at Folsom Lake College
falconseyetheatre.flc@gmail.com - www.falconseyetheatre.com

21609-1611 Folsom Lake College

United States Postal Service
Postage Statement - Nonprofit Standard Mail

COPY

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

Mailer	Permit Holder's Name and Address and Email Address, if Any Folsom Lake College 10 College Parkway Folsom, CA 95630-6798	Telephone 	Name and Address of Mailing Agent (if other than permit holder) Premier Print & Mail Andrey Yegin 2615 Del Monte St W Sacramento, CA 95691-3809	Telephone 916-503-5300	Name and Address of Mail Owner (if other than permit holder)
	USPS Nonprofit Auth. No. 555123 CAPS Cust. Ref. No. CRID 6286725		CRID 5393731		USPS Nonprofit Auth. No. CRID

Mailing	Post Office of Mailing Folsom, CA 95630-9998	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Catalogs <input type="checkbox"/> Flats <input type="checkbox"/> Marketing Parcels <input type="checkbox"/> Parcels - Machinable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> CMM	Mailer's Mailing Date Oct 26, 2016	Federal Agency Cost Code	Statement Seq. No. 113202	No. and Type of Containers 0 Sacks 12 1 ft. Letter Trays 0 2 ft. Letter Trays 2 EMM Letter Trays 0 Flat Trays 0 Pallets 0 Other	
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered		SSF Transaction #	Weight of a Single Piece 0.0181 pounds	Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class	Total # of Pieces in Mailing 5,000	Total Weight 90.5000
	Permit # 41	For Mail Enclosed within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Mailpiece is a product sample.					% Samples
	For Automation Pieces, Enter Date of Address Matching and Coding 10/26/2016	For Carrier Route Pieces, Enter Date of Address Matching and Coding 10/26/2016	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			

Move Update Method: Ancillary Service Endorsement NCOA Link ACS Alternative Method Multiple OneCode ACS n/a Alternative Address Format

This is a Political Campaign Mailing Yes No This is Official Election Mail Yes No Letter-size or flat mailpiece contains DVD/CD or other disk.

Parts Completed (Select all that apply)		<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> NSA
1		Subtotal Postage (Add Parts Totals) \$725.44
2	Price at Which Postage Affixed (Check one). Complete if the mailing includes pieces bearing metered/PC Postage or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	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) \$725.44

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 AIC 125 (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 that: (1) the mailing complies with DMM 703; (2) the income derived from the sale of any products or services advertised in the mailing is not subject to the Unrelated Business Income Tax (UBIT) and any products and services advertised are substantially related to the nonprofit organization's authorized purpose within the meaning of 39 U.S.C. 3626(i)(1)(d)(ii)(I) and 26 U.S.C. 513(A); (3) the mailing if made by a voting registration official is required or authorized under the National Voter Registration Act of 1993; and (4) it will agree to pay, subject to appeal, any revenue deficiencies assessed on this mailing. 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 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: **Andrey Yegin** Telephone: 916-503-5300

USPS Use Only To be completed in non-Postal/One/ sites	Weight of a Single Piece: 0. _____ 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: _____		
	Presort Verification Performed? (if required) <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	Date Mailed 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); USPS Employee's Signature: _____	By (Initials): _____ Time: _____ AM/PM Print USPS Employee's Name: _____	