

**FOLSOM LAKE COLLEGE
REVOLVING FUND ACCOUNT**

10 College Parkway • Folsom, CA 95630
P: (916) 608-6549

CHECK NO. **FL-01669**

GENFD: NOT TO EXCEED \$500
VENDOR NO. 0000003279
LOCATION 09

CBFUND: NOT TO EXCEED \$1,000
VENDOR NO. 0000000001

DATE 7/28/2016

TO POSTMASTER
FOLSOM POST OFFICE
1015 RILEY ST.
FOLSOM CA 95630-9998

*7/29 to ADPS
Ramb/Paid CK # 94-735636
8/11/16*

REQUISITIONED BY
RENEWAL HART / KIRKLIN

GENFD	5810	11	FL.VA.PISO	67100	00000	2017	041A	215.00
BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORG)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT

BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORG)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT
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QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EST. TOTAL AMOUNT
1.00	EA	2017 ANNUAL BULK MAIL PERMIT RENEWAL PERMIT# 41 FOLSOM LAKE COLLEGE FROM 09-17-2016 to 09-16-2017	215.000	215.00

RECEIVED BY: _____
DATE: _____

**FOLSOM LAKE COLLEGE
REVOLVING FUND ACCOUNT**

10 College Parkway • Folsom, CA 95630
(916) 608-6549

**BANK OF AMERICA
GOVERNMENT BANKING**

CHECK No. **FL-01669**
DATE: July 28, 2016

Pay to the order of:

USPS / POSTMASTER ***** 215.00

Two Hundred Fifteen and 00/100 ***** DOLLARS

*THIS CHECK VOID 6 MONTHS FROM DATE DRAWN

NON-NEGOTIABLE



FEE RENEWAL NOTICE

JULY 20, 2016

DONNA COLLIER-LANDAU
POSTMASTER
1015 RILEY ST
FOLSOM CA 95630-9998

* Fee payment is deferred as long as mailings are presented as Full Service and maintains a threshold of 90%.



FOLSOM LAKE COLLEGE
BUSINESS SERVICES/JOANY HARMAN
10 COLLEGE PKWY
FOLSOM CA 95630-6798

Dear BUSINESS SERVICES/JOANY HARMAN

Your privilege to mail at presorted price(s) will expire on the date(s) shown below. If you plan to continue using your existing privilege(s), the fee(s) noted below must be paid prior to the indicated due date(s).

FEE TYPE	PERMIT TYPE	PERMIT #	EXP DATE	FEE COST
Standard Mail*	PI	41	09/16/2016	\$215.00



If you have paid the fee(s) shown above, please disregard this notice. It is recommended that fees be paid in advance to facilitate the acceptance of your mailings. Fee payments may be paid up to 60 days in advance of their expiration date. Please return this notice with your payment to the address below:

FOLSOM POST OFFICE
1015 RILEY ST
FOLSOM CA 95630-9998

Please make your check payable to POSTMASTER or U.S. POSTAL SERVICE®. Also, note on your check your permit number and type of service you are requesting. Thank you for your business. We look forward to continuing to serve your mailing needs.

Sincerely,

DONNA COLLIER-LANDAU
POSTMASTER
916-983-0371