

Postage Statement — International Priority Airmail

Post Office Note Mail Arrival Time

Mailer Information	Permit Holder's Name and Address	Telephone	Name and Address of Mailing Agent (if other than permit holder)	Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (if other than permit holder)
	CAPS Customer Reference ID _____		Dun & Bradstreet No. _____	Dun & Bradstreet No. _____	

Mailing Information	Post Office of Mailing	Mailing Date	Federal Agency Cost Code	Statement Sequence No.	Receipt No.
	Permit Number	Weight of a Single Piece _____ pounds		Total Pieces	Total Weight (pounds)
	<input type="checkbox"/> Meter <input type="checkbox"/> Mailer Precanceled Stamps <input type="checkbox"/> Permit Imprint <input type="checkbox"/> Partial Permit Imprint	No. Sacks	No. Trays	No. Pallets	No. Other

Check here if mailing under an ICM Agreement. (IMM 297)

Rate Group	No. Sacks	No. Pieces	Piece Rate Portion			Pound Rate Portion (Round to Whole Pounds-Rate per lb.)		
			Piece Rate	Piece Postage	Total Pounds	<input type="checkbox"/> Full Service	<input type="checkbox"/> Drop Shipment	Pound Postage
A1 Worldwide Nonpresort			\$.20			\$ 8.00	\$ 7.00	
A2 Group 1 (Canada)			.28			3.60	2.60	
A3 Group 2 (Mexico)			.12			5.60	4.60	
A4 Group 3			.25			5.00	4.00	
A5 Group 4			.25			6.50	5.50	
A6 Group 5			.12			5.85	4.85	
A7 Group 6			.12			5.75	4.75	
A8 Group 7			.12			7.25	6.25	
A9 Group 8			.12			8.25	7.25	
TOTALS	a.	b.	c.	d.		e.		
f. TOTAL PIECE AND POUND POSTAGE (c + e)								
g. Discount Applies <input type="checkbox"/> No <input type="checkbox"/> Yes (Discount Amount = % x Line f)						Less Discount Amount		()
h. Piece Postage Affixed <input type="checkbox"/> No <input type="checkbox"/> Yes						Less Piece Postage Affixed		()
i. Pound Rate Postage Affixed to Statement <input type="checkbox"/> No <input type="checkbox"/> Yes						Less Pound Postage Affixed to Statement		()
j. TOTAL PERMIT IMPRINT POSTAGE Report total postage in AIC 235.						NET POSTAGE DUE		

Certification	The signature of a mailer or its agent certifies that it will be liable for and agrees to pay, subject to appeals prescribed by postal laws and regulations, any revenue deficiencies assessed on this mailing. (If this form is signed by an agent, the agent certifies that it is authorized to sign this statement, that the certification binds the agent and the mailer and both the mailer and the agent will be liable for and agree to pay any deficiencies.) The submission of a false, fictitious, or fraudulent statement may result in imprisonment of up to 5 years and a fine of up to \$10,000 (18 USC 1001). In addition, a civil penalty of up to \$5,000 and an additional assessment of twice the amount falsely claimed may be imposed (31 USC 3802). I hereby certify that all information furnished on this form is accurate and truthful, that the material presented qualifies for the rates of postage claimed, and that the mailing does not contain any dangerous articles prohibited by postal regulations.	
	Signature of Permit Holder or Agent (Both principal and agent are liable for any postage deficiency incurred.)	Telephone

USPS Use Only	Weight of a Single Piece _____ pounds	Are the figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," give reason.)			
	Total Pieces	Total Weight			
	Total Postage	Date Mailer Notified	Contact	By (Initials)	Round Stamp (Required)
	I CERTIFY that this mailing has been inspected concerning: (1) eligibility for the rate of postage claimed; (2) proper preparation (and presort where required); and (3) proper completion of the postage statement.				
	Verifying Employee's Signature	Verifying Employee's Name	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	

