

01/31/22
08:28:39

CITY OF SIDNEY
Claim Approval List
For the Accounting Period: 1/22

Page: 1 of 1
Report ID: AP100

* ... Over spent expenditure

Claim	Vendor #/Name/ Check Invoice #/Inv Date/Description	Document \$/ Line \$	Disc \$	PO #	Fund Org Acct	Object Proj	Cash Account
39546	70 U.S.P.O.		837.83				
	01/31/22 JANUARY 2022 WATER BILLS	418.91		NA	5210 430500	300	101000
	01/31/22 JANUARY 2022 SEWER BILLS	418.92		NA	5310 430600	300	101000
	# of Claims 1	Total:	837.83				

Patricia Arkey
1/31/22

Jami Christensen
1/31/22

Postage Statement—First-Class Mail and First-Class Package Service

Use this form for First-Class Mail and First-Class Package Service.

Mailer	Permit Holder Name, Address, Email, Telephone City of Sidney 115 2nd St SE Sidney, MT 59270 CAPS Cust. Ref. No. _____ CRID _____		Mailing Agent (If other than permit holder) Name, Address, Telephone _____ CRID _____		Mail Owner (If other than permit holder) Name, Address _____ CRID _____	
	Post Office of Mailing _____		Mailer's Mailing Date 1/28/22		Federal Agency Cost Code _____ Statement Seq. No. _____	
Mailing	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered		Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Parcels		For Mail Enclosed within Another Class <input type="checkbox"/> Marketing Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Periodicals <input type="checkbox"/> Media Mail	
	Move Update Method <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> NCOA ^{LINK} <input type="checkbox"/> ACS		<input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format		Weight of a Single Piece 00.0062 pounds Total Pieces 2501 Total Weight 15.5 lb.	
	<input type="checkbox"/> Round Trip ONLY: One DVD/CD or other disk.		Letter or flat-size mailpieces contain: <input type="checkbox"/> Round Trip ONLY: One DVD/CD or other disk.		SSF Transaction ID# _____ Permit # 3001 No. and type of Containers _____ Sacks _____ 1 ft. Letter Trays _____ 2 ft. Letter Trays _____ EMM Letter Trays <input checked="" type="checkbox"/> Flat Trays _____ Pallets _____ Other	
	Combined Mailing <input type="checkbox"/> Single Class		This is a Political Campaign Mailing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No This is Official Election Mail <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Parcels Only Hold For Pickup (HFPU) No. of pieces _____ Customer Generated Electronic Labels <input type="checkbox"/> SigCon For Automation Price Pieces, Enter Date of Address Matching and Coding ____/____/____	
Parts Completed (Select all that apply): <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> NSA						
Postage	1 Subtotal Postage (Add parts totals) 837.83					
	2 Price at Which Postage Affixed (Check one): <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither Complete if mailing includes pieces bearing metered/PC Postage. _____ pcs. x \$ _____ = Postage Affixed -					
	3 Incentive/Discount Flat Dollar Amount -					
	4 Fee Flat Dollar Amount +					
	5 Permit # 3001 Net Postage Due (Line 1 +/- Lines 2, 3, 4) 837.83					
USPS Use Only	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 121 (Permit Imprint Only)			Total Adjusted First-Class Mail Postage Permit Imprint _____		
	Postmaster: Report Total Postage in AIC 128 (Permit Imprint Only)			Total Adjusted First-Class Package Service Postage Permit Imprint _____		
Certification	Incentive/Discount Claimed: _____ Type of Fee: _____ 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 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 Karmen Schmierer		Printed Name of Mailer or Agent Signing Form Karmen Schmierer		Telephone 406-433-1117	
USPS Use Only	Weight of a Single Piece _____ pounds Total Weight _____		Are postage figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason: _____		Round Stamp (Required) Payment Date _____	
	Total Pieces _____ Total Postage _____					
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No					
	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)		Date Mailer Notified _____ Contact _____			
	USPS Employee's Signature _____		By (Initials) _____ Time _____ AM _____ PM _____		Print USPS Employee's Name _____	

First-Class Mail

Part B — Nonautomation Price

Postcards (eligible for postcard price)

		Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
B1	Presorted	\$0335	2501				837.84
B2	Single-Piece						

Letters

		Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
B3	Presorted						
B4	Residual From First-Class Mail Mailing (Includes up to 1 oz. and between 1 oz. and 3.5 oz.)						
B5	Nonpresorted/Single-Piece*						
B6	Single-Piece From USPS Marketing Mail Mailing						

Nonmachinable Letters

		Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
B7	Presorted						
B8	Nonpresorted/Single-Piece						
B9	Single-Piece From USPS Marketing Mail Mailing						
B10	Nonmachinable Surcharge** (for presorted letters)						
B11	Nonmachinable Surcharge** (for single-piece letters)						

Flats

		Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
B12	Presorted						
B13	Single-Piece						
B14	Single-Piece From USPS Marketing Mail Mailing						

Permit Reply Mail

		Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
B15	Single-Piece Letters (1 oz. or less)						
B16	Single-Piece Letters (over 1 oz. to 3.5 oz.)						
B17	Single-Piece Flats (1 oz. or less)						
B18	Single-Piece Flats (over 1 oz. to 13 oz.)						

* First-Class Mail metered letter price

** Only on FCM letters with one or more nonmachinable characteristics

B19	Part B Total (Add lines B1 — B18)						
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BLACK MOUNTAIN SOFTWARE UTILITY BILLING SYSTEM
POSTNET BARCODE COUNT - 5 DIGITS - Bill CountCITY OF SIDNEY
15:26:59 - 01/27/2022

5 Digit Postnet Code	Count
NO POSTNET	1513
43218	2
58702	1
58784	1
58802	2
59215	2
59217	1
59221	1
59243	2
59254	1
59270	968
59330	3
59405	1
59702	1
80120	1
82717	1
Total Count	2501

BLACK MOUNTAIN SOFTWARE UTILITY BILLING SYSTEM
POSTNET BARCODE COUNT - 3 DIGITS - Bill CountCITY OF SIDNEY
15:27:05 - 01/27/2022

3 Digit Postnet Code	Count
NO POSTNET	1513
432	2
587	2
588	2
592	975
593	3
594	1
597	1
801	1
827	1

Total Count: 2501

BLACK MOUNTAIN SOFTWARE UTILITY BILLING SYSTEM
POSTNET BARCODE COUNT - ResultsCITY OF SIDNEY
15:27:12 - 01/27/2022

Description	COUNT	% Count	Rate in Cents	COST	% Cost
D2 5 DIGIT COUNT	968	39	33.500	324.280	39
D3 3 DIGIT COUNT	0	0	33.500	0.000	0
D5 MIXED AADC	20	1	33.500	6.700	1
D6 NO POSTNET - PRESORTED	1513	60	33.500	506.855	60
Totals:	2501	100		837.84	100

*** You can double check your default rates under menu: [Actions](#) | [Postal Certification](#) | [Default Rate Information](#) ***

