

SINGLE DROP MASS MAIL OBLIGATION FORM U.S. HOUSE OF REPRESENTATIVES

**THIS FORM APPLIES TO ALL SINGLE DROP MASS MAILINGS TO BE ACCOUNTED FOR ON A
U.S. POSTAL SERVICE 3600-PM AND/OR 3602-R FORM OR A PITNEY BOWES STATEMENT FORM**

To be submitted to:

Commission on Congressional Mailing Standards
1216 Longworth House Office Building
Washington, DC 20515-6230
Telephone: Majority 202-225-7666; Minority 202-226-6047
Fax: Majority 202-225-7664; Minority 202-226-0047

To be recorded at:

Office of Finance and Procurement
263 Cannon House Office Building,
Washington, DC 20515-6604
Telephone: 202-225-7474
Fax: 202-225-8031

Office of: _____ **State:** _____ **District:** _____
Staff Contact: _____ **E-Mail:** _____
Telephone: _____ **Fax:** _____

Description and Subject of Mailing: _____

DOCUMENT ID # (CAO USE ONLY)	<p>PRINTING SERVICES (complete this section <u>only if</u> services will be provided by an outside vendor)</p> <p>Vendor's name: _____</p> <p>Address: _____ Amount: \$ _____</p>
DOCUMENT ID # (CAO USE ONLY)	<p>DESIGN AND/OR LAYOUT SERVICES (complete this section <u>only if</u> services will be provided by an outside vendor)</p> <p>Vendor's name: _____</p> <p>Address: _____ Amount: \$ _____</p>
DOCUMENT ID # (CAO USE ONLY)	<p>MAILING SERVICES (FOLDING, STUFFING, LABELING, INSERTING, ETC.) (complete this section <u>only if</u> services will be provided by an outside vendor)</p> <p>Vendor's name: _____</p> <p>Address: _____ Amount: \$ _____</p>
DOCUMENT ID # (CAO USE ONLY)	<p>DISTRIBUTION VIA U.S. POSTAL SERVICE</p> <p>Mail rate: First Class Presorted Standard Postal Customer</p> <p>Anticipated distribution date: _____</p> <p>Number of Pieces: _____ Amount: \$ _____</p>

TOTAL AMOUNT TO BE OBLIGATED: \$ _____

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND THAT THE AMOUNTS STATED ARE BASED ON THE BEST ESTIMATES AVAILABLE TO DATE AND HEREBY AUTHORIZE THE CAO TO OBLIGATE THE STATED AMOUNTS.

_____ DATE: DD/MM/YEAR

MEMBER'S OR COMMITTEE CHAIRMAN/RANKING MEMBER'S SIGNATURE