

# Certification of Franked Mail

**Member/Chairman/Officer** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Each Member** shall complete a monthly Certification of Franked Mail. This certification shall report (1) the amount of franked mail deposited by the Member's district office(s) and/or telecommuter alternative work sites with the US Postal Service during the reporting period that was not otherwise reported on a US Postal Service 3602 Form or accounted for by a postage meter, and (2) the total amount of such mail deposited by all of the Member's district offices and/or telecommuter alternative work sites during the reporting period. A copy of each district office's or alternative work site's monthly summary report shall be attached to the certification.

**Each Chairman or Officer** shall complete a monthly Certification of Franked Mail, which shall report (1) the amount of franked mail deposited by each of his/her telecommuter alternative work sites; and (2) the total amount of such mail deposited by all of his/her telecommuter alternative work sites during the reporting period. A copy of each alternative work site's monthly summary report shall be attached to the certification

The completed certification must be signed by the Member/Chairman/Officer and forwarded to the Office of Finance (B-241 LHOB) by the second working day of the following month FAX 202-226-1608.

District Office Locations <small>(street/PO box address, city, state, zip code)</small>	Amount
	\$
	\$
	\$
	\$
	\$
	\$
Telecommuter Alternative Work Site Locations <small>(street/PO box address, city, state, zip code)</small>	
	\$
	\$
	\$
	\$
Total	\$

I certify to the best of my knowledge that the above information is the total of all mail bearing my frank deposited by my district office(s) and/or telecommuter alternative work site(s) with the US Postal Service during this reporting period that was not otherwise reported on a US Postal Service 3602 Form or accounted for by a postage meter.

\_\_\_\_\_  
(Member/Chairman/Officer's Signature)

\_\_\_\_\_  
(Date)

\* Attachment(s): Summary Report Form(s)