## Postage Review Adjustment Through Documentation

| Publication Title and USPS Number | Sampling Date | Issue Date/Edition Number |
| :--- | :--- | :--- | :--- |
| ZIP Code of Entry Office | Reviewer's Name | ZIP Code of Post Office Where Postage Paid |

Complete sample information below. If number of copies in column 1 does not equal the number of copies in column 2, compute adjustment factor and postage statement adjustments, when necessary, on this page.

| Zone | 1. Actual Sample | 2. Per Documentation | 3. Adjustment Factor | 4. Postage Statement | 5. Adjusted Pieces Per Zone |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Delivery Unit |  |  |  |  |  |
| SCF |  |  |  |  |  |
| 1 \& 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| In-County |  |  |  |  |  |
| Delivery Unit |  |  |  |  |  |
| All Other |  |  |  |  |  |

Foreign

| Canada |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| All Other <br> Foreign |  |  |  |  |  |

## Signature of Employee Completing Worksheet

X

Note: If a postage adjustment was required, provide a copy of this worksheet to the mailer.


Round Stamp

