## **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 sa statement ac	mple information below. If n	umber of copies in column 1 does , on this page.	not equal the number	of copies in co	olumn 2, compute	adjustment factor and postage
Zone	1. Actual Sample	2. Per Documentation	3. Adjustment Factor	4. Postag	ge Statement	5. Adjusted Pieces Per Zone
Delivery Unit						
SCF						
1 & 2						
3						
4						
5						
6						
7						
8						
		lı	n-County			
Delivery Unit						
All Other						
			Foreign	1		
Canada						
All Other Foreign						
Signature of X	Employee Completing Work	sheet		1	'	
No	<b>ote:</b> If a postage adjustment copy of this worksheet	t was required, provide a to the mailer.				
					Round Stamp	