

# Application and Voucher for Refund of Postage, Fees, and Services (Use blue or black ink and print within the boxes.)

Part 1 - Application (Completed by custo	omer)		
Customer/Company Name			
Mailing Address		Apt. or Suite No.	
City			State
ZIP + 4 <sup>®</sup>	Telephone No. (Inclu	ude area code)	
Amount of Dofund Dogwoot	Custom		
Amount of Refund Request  \$	Custom	er Account No.	
Ψ,,,,			
X			
Signature of Customer		Date of Request (MM/DD/YYYY)	
Privacy Act Statement			
or when postage and fees are paid in excess of the law	wful rate. As a routine use,	ub. L. 104-134. This information will be used to reimburse y the information may be disclosed to an appropriate govern	ment agency, domestic or foreign,
relevant to a USPS decision concerning employment,	security clearances, contra	e USPS is a party or has an interest; to a government agen icts, licenses, grants, permits, or other benefits; to a congre gency function; to a Federal Records Center for storage; to	essional office at your request; to
Budget for review of private relief legislation; to an ind	ependent certified accounta	gency function, to a receival Records Center for storage, to ant during an official audit of the USPS finances; to an inve on for investigation of a formal EEO complaint under 29 CF	stigator, administrative judge or
Protection Board or Office of Special Counsel for proce	eedings or investigations in	ry for cross-matching under the Treasury Offset Program; a	urisdiction; to a labor organization
		owner. Completion of this form is voluntary; however, if this	
Refund Requested For:			
Refund Stamps and Fees (GLA/AIC 553)		Postal Related Products (GLA/AIC 608)  (e.g., merchandise)	
Post Office PVI Error		Express Mail Refunds (GLA/AIC 676)	
(Attach spoiled/misprinted PVI label to Delivery Confirmation	to this form.)	(Postage and fees for service failure or n	•
(After 30 days)		Refund from Advance Deposit Account ( Customer Account Number:	(GLA/AIC)
Refund of Special Service Fees (Service not rendered)		Close Account (Full Refund)	
Spoiled/Unused Printed Customer Meter Po (Legible postage meter stamps must be sui		Partial Refund (Active Account)	
	onimed to our s.,	Account Balance After Refund:	s request letter must be on file.)
Permit Postage and Fees (GLA/AIC 528) (Damaged printed mailing, refund of annual	I fee, overcharges of	Sure Money Refund Principal & Fee (GL	,
per-cancelled stamps.)  Refund of Fees and Retail Services (GLA/A	VIC 535)	Other Refunds:	
(PO Box keys and service fees)	410 333 <i>)</i>	Explanation:	
Value Added Services (GLA/AIC 541) Re refund will require the Customer Tax Identii		s that perform value added service and submit mail	at discounted rates. This
Customer TIN#		TIN is used to enable electronic payment to agen (For VAR Mailings.)	nt's bank account number.
Part 2 - Verification of Refund (This area	is for Official use o	ν σ,	
Post Office		Approved Amount to Be Refunded \$ , , , , , , , , , , , , , , , , , , ,	
Post Office ZIP + 4®		Finance Number and Unit ID	
Certifying Employee Signature	Date	Witness Signature	Date

## Part 3 - Postage or Meter Stamps (Excluding PC Postage™)

(Group and list postage units or value)

The customer's meter must be licensed at the refunding office, and complete, legible, and valid unused meter stamps must be submitted by the licensee within 60 days from the dates shown on the indicia. Those produced by PC Postage systems are not refundable at the window.

Charges are assessed at 10% off the face value of the indicia, if the total is \$350 or less. If the total face value is more than \$350, a charge of \$35 per hour is assessed for the actual hours to process the refund; the minimum charge is \$35.

Meter Manufact	urer			
Meter Serial No.				
Meter License				
Number of Pieces			Postage Value	
Total Postage Face Value		\$		
Less Charges (10% of face value or \$35 per hour if over \$350. Minimum charge is \$35)		_		
Total to be Refunded		\$		
reuse. The manager and	destroy customer m d a witness must sign is listed above were	n to cei	tify that the	
Supervisor/Man	ager Signature		Date	
Witness Signature			Date	

### (For Official Use Only)

#### Part 4 - Special Service and Other Refunds

(Note: Fees for registered, insured, and COD services are not ordinarily refundable.)

Completely explain the reason for requested refund:

Amount of Refund to Which Claimant is Entitled (In accordance with USPS policy)	\$
	\$

#### Part 5 - Receipt for Local Refund (\$500.00 or less)

- a) If cash refund, obtain payee's signature below; if postal check or money order refund, enter check/money order number below.
- b) Local refund, do not submit PS Form 3533 to Scanning and Imaging Center.
- c) Ensure the proper accounting entries are performed on the Unit 1412.

Payee Signature or Check/Money Order No.:	Date
	İ
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#### Part 6 - Refund Processed at Shared Services (\$500.01 or more)

- a) Ensure the proper accounting entries are performed on the Unit 1412; enter the authorized refund amount into the correct "Refund AIC" and offset to AIC 280, Disbursement Sent to Shared Services/Accounting.
- b) Forward completed PS Form 3533 with certifying and witness signatures to the following address:

SCANNING AND IMAGING CENTER UNITED STATES POSTAL SERVICE PO BOX 9000 SIOUX FALLS SD 57117-9000

c) Customer will receive a USPS commercial check in the mail.