

**POSTAL SERVICES TRANSACTION AUTHORIZATION**  
 CO-924 REV. 11/03 (Stock No. 478-01)

STATE OF CONNECTICUT  
 OFFICE OF THE STATE COMPTROLLER  
 ACCOUNTS PAYABLE DIVISION

INSTRUCTIONS

1. Please print or type.
2. This form must be validated by the Post Office in the space provided.
3. Itemize number purchased, total cost of each unit, and total cost of all goods or services purchased. (Attached additional sheets if necessary).
4. This form must be completed to document receipt of postal goods or services. Attach Form CO-924 to the original voucher.

REQUESTING DEPARTMENT			BUSINESS UNIT			DATE		VOUCHER ID		
<b>STAMPS</b>			<b>OTHER SERVICES</b>			<b>MONEY ORDERS</b>				
	NO. OF UNITS	COST	<input type="checkbox"/>	POST CARDS SINGLE				AMOUNT		SERVICE CHARGE
<input type="checkbox"/>	.01		<input type="checkbox"/>	POST CARDS REPLY				PAYEE		
<input type="checkbox"/>	.02		<input type="checkbox"/>	ENVELOPES				ADDRESS		
<input type="checkbox"/>	.03		<input type="checkbox"/>	METERED MAIL (POSTAL)						
<input type="checkbox"/>	.04		<input type="checkbox"/>	METERED MAIL (IN-HOUSE)				AMOUNT		SERVICE CHARGE
<input type="checkbox"/>	.05		<input type="checkbox"/>	REGISTERED MAIL				PAYEE		
<input type="checkbox"/>	.10		<input type="checkbox"/>	CERTIFIED MAIL				ADDRESS		
<input type="checkbox"/>	.15		<input type="checkbox"/>	RETURN RECEIPT						
<input type="checkbox"/>	.20		<input type="checkbox"/>	SPECIAL DELIVERY						
<input type="checkbox"/>	.25		<input type="checkbox"/>	SPECIAL HANDLING				AMOUNT		SERVICE CHARGE
<input type="checkbox"/>	.30		<input type="checkbox"/>	INSURED MAIL				PAYEE		
<input type="checkbox"/>	.35		<input type="checkbox"/>	(Other)				ADDRESS		
<input type="checkbox"/>	.40		<input type="checkbox"/>	(Other)						
<input type="checkbox"/>	.50									
<input type="checkbox"/>	1.00									
<input type="checkbox"/>	2.00									
<input type="checkbox"/>	5.00									
<input type="checkbox"/>	(Other)									
<b>TOTAL COST</b>		(A)	<b>TOTAL COST</b>		(B)	<b>TOTAL COST</b>		(C)		
<b>COMBINE TOTALS OF SECTIONS A, B AND C AND POST GRAND TOTAL AT RIGHT</b>										
I hereby certify that the items detailed above are necessary to carry out the functions of this department										<b>POST OFFICE VALIDATION</b>
SIGNATURE - REQUESTER					DATE					
I hereby certify that the items or services listed above were received by me on this date, and were purchased for business purposes only.										
COURIER'S SIGNATURE										
TITLE					DATE					
<b>AGENCY CERTIFICATION</b>										
I hereby certify that the items listed above are for the sole use by this agency for business purposes only.										
AUTHORIZED AGENCY SIGNATURE										
TITLE					DATE					