Library of Michigan

MICHICARD POSTAGE REIMBURSEMENT FORM

	No. of Printed Items Returned	Cardholder's Home Library	Postage Cost
1.			$
2.			$
3.			$
4.			$
5.			$
6.			$
7.			$
8.			$
9.			$
10.			$
TOTAL ITEMS:			**TOTAL POSTAGE EXPENSES CLAIMED: $**

I certify that this postage claim is true and accurate:

_____

Library Name Address

_____

Phone# Print Name

_____

Authorized Signature

4/00