



2012 Holiday Mobile Shopping Promotion Priority Mail® Rebate Claim Form

Welcome to Step 3 of the Priority Mail rebate eligibility.

Please note that you must submit the Priority Mail Registration Form before you complete this claim form. Go to RIBBS to download the registration form: <https://ribbs.usps.gov/index.cfm?page=mobilebarcode>

Complete this claim form no later than **February 15, 2013** to apply for the 1% Rebate for the 2012 Holiday Mobile Shopping Promotion. Failure to provide all information (items A through C), will delay the processing of your claim form.

If you have any questions on completing this form, email the Program Office at mobilebarcode@usps.gov.

Mail: USPS Incentive Programs Office
P.O. Box 23282
Washington DC 20026
FAX: 202-268-0238
Email: mobilebarcode@usps.gov

A. Company Information.

1. Company Name: _____
2. Contact Name: _____
3. Title: _____
4. Company Address: _____
5. Phone: _____
6. Email: _____
7. Company threshold: _____

Enter the Priority Mail threshold you received from the Program Office.

8. Total number of Priority Mail packages with Delivery Confirmation: _____

The number you enter must be at be equal to or greater than your company threshold you entered in item 7.

9. Select Rebate Account: Rebates can be credited to a CAPS or Permit Imprint Account

CAPS Account Number (5 to 7 digits) _____

OR

Permit Number (i.e., PI 123) _____

Permit City, State and ZIP Code: _____

USPS Finance Number (7 digits): _____

B. Priority Mail Information.

To associate the shipment volume to 2012 Holiday Mobile Shopping Promotion qualifying mailpieces, please provide the following required information.

- Shipment Mailing Date: _____

Enter all Mailing Dates if different. Submit separate worksheet if necessary.

- Payment Method: _____

Enter PC Postage, eVS, Postage Validation Imprint (PVI), Stamp.com, or Meter Permitt#.

- If eVS, enter the Permit Imprint number: _____

- If PC Postage, enter Account Number or Customer ID: _____

Or, the Authorized Vendor (meter) Account Number: _____

- Priority Mail Postage Paid: _____

Enter the amount of total Priority Mail Paid for the packages you entered in Item 8.

- Delivery Confirmation Numbers

The Delivery Confirmation numbers must be provided in electronic format in comma delimited format. A separate worksheet must be attached to the Claim Form for Tracking Numbers (Refer Figure 1).

Shipment Mailing Date	Delivery Confirmation or IM Package Barcode Number (from Priority Mail package)
11/10/12	9400 1096 9993 9087 35323 80, 9400 1112 0108 0351 0106 98, 9400 1096 9993 8087 1282 18
11/12/12	9102 0268 3735 6789 0120

Figure 1: Example of Documentation Worksheet - Delivery Confirmation numbers in comma delimited format to be submitted with Claim Form.

C. Sign: _____

Date: _____

- Under penalties of perjury, I declare the information, which I have provided in this Priority Mail Claim Form, to the best of my knowledge is true, correct, and complete.