UNITED STATES POSTAL SERVICE®

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 customer)*

Customer/Company Name

Mailing Address

Apt. or Suite No.

City

State

ZIP+4

Telephone No. *(Include Area Code)*

Amount of Refund Request

$

Customer Account No.

X _____

Signature of Customer

Date of Request (MM/DD/YYYY)

Privacy Act Statement

The collection of this information is authorized by 39 USC 401, 404, and 1206; Pub. L. 104-134. This information will be used to reimburse you when no service is rendered or when postage and fees are paid in excess of the lawful rate. As a routine use, the information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits, or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to a Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified accountant during an official audit of the USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; to a labor organization as required by the National Labor Relations Act; to the Department of the Treasury for cross-matching under the Treasury Offset Program; and to a requestor, the name and address of the owner of leased property, or of the payee when different from the owner. Completion of this form is voluntary; however, if this information is not provided, a refund will not be considered.

Refund Requested For:

- ☐ Refund Stamps and Fees **(GLA/AIC 553)**
  - ☐ Post Office PVI Error *(Attach spoiled/misprinted PVI label to this form.)*
  - ☐ Delivery Confirmation *(After 30 days)*
  - ☐ Refund of Special Service Fees *(Service not rendered)*
- ☐ Precanceled Stamps **(GLA/AIC 525)** *(Damaged or overpayment of precanceled stamps)*
- ☐ Spoiled/Unused Printed Customer Meter Postage **(GLA/AIC 526)** *(Legible postage meter stamps must be submitted to USPS.)*
- ☐ Permit Postage and Fees **(GLA/AIC 528)** *(Damaged printed mailing, refund of annual fee.)*
- ☐ Refund of Fees and Retail Services **(GLA/AIC 535)** *(PO Box keys and service fees)*
- ☐ Value Added Services **(GLA/AIC 541)** *(Refunds to mailer for performing these services)*
- ☐ Postal Related Products **(GLA/AIC 608)** *(e.g., merchandise)*
- ☐ Express Mail Refunds **(GLA/AIC 676)** *(Postage and fees for service failure or not rendered)*
- ☐ Refund from Advance Deposit Account **(GLA/AIC _____)**
  Customer Account Number: _____
  - ☐ Close Account (Full Refund)
  - ☐ Partial Refund (Active Account)

  Account Balance After Refund: _____
  (Customer's Request Letter must be on file.)
- ☐ Sure Money Refund Principal & Fee **(GLA/AICs 645 & 646)**
- ☐ Other Refunds:
  Explanation: _____

Part 2 - Verification of Refund *(This area is for Official use only)*

Post Office

Approved Amount to Be Refunded

$

Post Office ZIP + 4

Finance Number and Unit ID

Certifying Employee Signature — Date

Witness Signature — Date

(For Official Use Only)

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 $250 or less. If the total face value is more than $250, a charge of $10 per hour is assessed for the actual hours to process the refund; the minimum charge is $25.

Meter Manufacturer

Meter Serial No.

Meter License

Number of Pieces	Amount Each	Postage Value

Total Postage Face Value	$
Less Charges *(10% of meter value, $10 per hour or $25 minimum charge)*	–
Total to be Refunded	$

Post offices must destroy customer meter stamps to prevent reuse.
The manager and a witness must sign to certify that the meter impressions listed above were destroyed.

Supervisor/Manager Signature	Date
Witness Signature	Date

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 Refund

(If cash refund, obtain payee's signature below; if postal check or money order refund, enter check/money order number below.)

Payee Signature or Check/Money Order No.:	Date

Part 6 - Refund Not Processed at Local Post Office

☐ Post office will forward completed PS Form 3533, with certifying and witness signatures, to the authorized APARS input location. Customer will receive a USPS commercial check in the mail.