SMALL PARCEL DELIVERY MONTHLY ACTIVITY REPORT (USAGE REPORT)

Service Period: _ _____

Month and Year

Master Contract Number: _ _____

MSA Number

Agency/Department: _ _____

Agency/Department Name

_ _____

Address

Agency Contact Person: _ _____

Name

_ _____

Phone Number

Agency Billing Code	Small Parcel Account Number	Total Number of Packages	Total Dollars

Total monthly dollars: **$____** _____

Email to: transportationmanagement@dgs.ca.gov

Interagency Mail Service (IMS) Code: P-7

Fax Number (916) 928-5849 – Phone Number (916) 928-5842

Mail to: Department of General Services, Transportation Management Unit, IMS P-7

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