

APS Sales Division

Report Sheet

Total Books: _____

| Book No. | # of Items | \$ | Amount | C |
|---------------------------------|------------|----|--------|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
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| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 20. | | | | |
| Total Purchases | | | | |
| Pa. Sales Tax ₁ | | | | |
| Insurance Fund Fee ₂ | | | | |
| Fine ₃ | | | | |
| Postage * | | | | |
| Total | | | | |
| Credit ₄ | | | | |
| Remittance | | | | |

APS# _____ Date Circuit Sent _____

To _____

Signature _____

Signature Confirmation, Insured or Registered Receipt #:

| |
|-----------------|
| Name _____ |
| Circuit # _____ |

| | |
|-------------------------------------|--------------|
| VISA or MasterCard (circle) # _____ | **CVV: _____ |
| Exp. Date _____ | \$ _____ |
| Day Phone # _____ | |
| Authorization Signature _____ | |
| Name _____ | |
| APS Number _____ | |
| Circuit Number _____ | |

CIRCUIT MEMBER'S COPY

REPORT SHEET for Circuit # _____

Member _____

sent this circuit to: _____

on: (date) _____

Route Sheet instructions and within fifteen days of receipt.

Signature Confirmation, Insured or Registered Receipt #

| | \$ | C |
|---------------------------------|----|---|
| Total Purchases | | |
| Pa. Sales Tax ₁ | | |
| Insurance Fund Fee ₂ | | |
| Fine ₃ | | |
| Postage * | | |
| Total | | |
| Credit ₄ | | |
| Remittance | | |

Retain this section of the report sheet as your remittance receipt. Attach it to the postal confirmation receipt and keep on file for 12 months.

| | |
|--|-------------|
| This section may be used for communication with the Sales Division | |
| Name: _____ | APS#: _____ |
| Circuit #: _____ | Date: _____ |
| THIS SECTION MUST BE RETURNED WITH YOUR REPORT SHEET. | |
| APS contact information is on the back of this form. | |

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