

Shipping List Number: 2019-0161-M

Ship List Date 9/10/2019
 Delivery Date 9/12/2019
 P.O. Number 32439
 Program 0562-S

PAGE 1 OF 1

Claims for nonreceipt of publications on this list under item numbers previously selected by a library must be made within 60 calendar days of receipt of this shipment. When filing a claim for missing **publications**, please circle on the list what is missing and mail, fax, or scan and email the list following the directions at the bottom. If emailing without a scan, please include the Shipping List No., Item No., Classification No., and Title of the material being claimed.

ITEM NO.	CLASSIFICATION NO.	TITLE
1002-B	Y 4.T 19/4:P 96/4	GENERAL EXPLANATION OF PUBLIC LAW 115-97... JOINT COM. PRINT... JOINT COM. ON TAXATION
1002-B-02	Y 4.T 19/4-12:2019	DESCRIPTION OF CERTAIN REVENUE,... JOINT COM. PRINT... JOINT COM. ON TAXATION
1035-D-01	Y 4.B 22/3-10:2017-2018	LEGISLATIVE CALENDAR... S. PRT. 115-30... COM. ON BANKING, HOUSING, AND URBAN AFFAIRS, U.S. SENATE... 115TH CONGRESS, 1ST & 2ND SESSION
1037-C	Y 4.G 74/9-12:2017/2018	LEGISLATIVE CALENDAR... S. PRT. 115-33... COM. ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS, U.S. SENATE... 115TH CONGRESS, 1ST & 2ND SESSION
1043-B	Y 4.L 11/4:S.PRT.114-42	LEGISLATIVE CALENDAR... S. PRT. 114-42... COM. ON HEALTH, EDUCATION, LABOR, AND PENSIONS, U.S. SENATE... 114TH CONGRESS, 1ST & 2ND SESSION
1045-B	Y 4.P96/10:S.PRT.112-60	LEGISLATIVE CALENDAR... S. PRT. 112-60... COM. ON ENVIRONMENT AND PUBLIC WORKS, U.S. SENATE... 112TH CONGRESS, 1ST & 2ND SESSION

Number of Titles: 6

Claim by regular mail or email or fax:

MAIL CLAIMS TO: Data Management Internationale, Inc 55 Lukens Drive New Castle, DE 19720	EMAIL: gpoclaims@dmi-inc.com	FAX: (302) 656-1169
--	--	-------------------------------

Signature of Librarian authorized to make claim _____ LIB# _____

CLEARLY PRINT OR TYPE ADDRESS AND INFORMATION ON MAILING LABEL

U.S. GOVERNMENT PUBLISHING OFFICE LIBRARY PROGRAMS SERVICES 9SLDM WASHINGTON, DC 20401 OFFICIAL BUSINESS	Lib # _____ SL # _____ Institution _____ Address _____ City _____ State _____ Zip _____
---	--