

Shipping List Number: 2021-0112-M

Ship List Date 2/25/2021  
Delivery Date 3/22/2021  
P.O. Number 32655  
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
1038-B	Y 4.F 49:S.HRG.115-744	EXAMINING THE IMPORTANCE OF PAID FAMILY.... HRG... S. HRG. 115-744... COM. ON FINANCE, U.S. SENATE... 115TH CONGRESS, 2ND SESSION
	Y 4.F 49:S.HRG.115-825	IMPROVING TAX ADMINISTRATION TODAY... HRG... S. HRG. 115-825... COM. FINANCE, U.S. SENATE... 115TH CONGRESS, 2ND SESSION
	Y 4.F 49:S.HRG.115-826	NOMINATIONS OF MICHAEL FAULKENDER AND,... HRG... S. HRG. 115-826... COM. ON FINANCE, U.S. SENATE... 115TH CONGRESS, 2ND SESSION
	Y 4.F 49:S.HRG.115-836	NOMINATIONS OF GORDON HARTOGENESIS AND,... HRG... S. HRG. 115-836... COM. ON FINANCE, U.S. SENATE... 115TH CONGRESS, 2ND SESSION
	Y 4.F 49:S.HRG.115-840	NOMINATION OF ANDREW M. SAUL... HRG... S. HRG. 115-840.. COM. ON FINANCE, U.S. SENATE... 115TH CONGRESS, 2ND SESSION
	Y 4.F 49:S.HRG.115-841	NOMINATION OF COURTNEY DUNBAR JONES... HRG... S. HRG. 115-841... COM. ON FINANCE, U.S. SENATE... 115TH CONGRESS, 2ND SESSION

Number of Titles: 6

Claim by regular mail or email or fax:

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

Signature of Librarian authorized to make claim \_\_\_\_\_ LIB# \_\_\_\_\_

U.S. GOVERNMENT PUBLISHING OFFICE LIBRARY PROGRAMS SERVICES 9SLDM WASHINGTON, DC 20401	CLEARLY PRINT OR TYPE ADDRESS AND INFORMATION ON MAILING LABEL	
	Lib # _____	SL # _____
	Institution _____	
	Address _____	

OFFICIAL BUSINESS

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_