

INSTRUCTIONS: Prepare in triplicate and fully complete one form for each box or envelope; otherwise, credit may not be properly issued to the Navy Exchange or Commissary Store. (See form distribution below.)		DATE	INVOICE NO.		
TO:		NEX/UIC NO.		C OR N	BOX/ ENV. NO.
FROM: NAVY EXCHANGE / COMMISSARY STORE NAME AND ADDRESS		IMPORTANT - Check (✓) One <hr/> <input type="checkbox"/> COMMISSARY STORE COUPONS <input type="checkbox"/> NAVY EXCHANGE COUPONS			
1. METHOD OF SHIPMENT		a. FOR NEX: Send via U.S. Postal Service - Parcel Post - Insured, with a \$50.00 minimum.		b. FOR COMYSTO: Send via U.S. Postal Service - Penalty Mail - 4th Class - Insured, with a \$50.00 minimum.	
2. SHIPMENT WEIGHT		4. FACE VALUE (Excluding Handling Allowance) \$			
3. VIA <input type="checkbox"/> BOX <input type="checkbox"/> ENVELOPE		5. COUPON COUNT			
I certify that the coupons submitted in the value indicated in item (4) above is correct. ▶		Signature (NE O/OIC/CSO or authorized representative)			

Form Distribution: Original - Enclose with shipment.

Copy-

NEX: NAVRESSO, Code TD1.2.

COMYSTO: NAVRESSO, Code CAFD1.

Copy - Retain

55 209 (4/90) 3/N 0130-LF-010-5200

DATE

8/28/90

CLASSIFICATION OF ENCLOSURES

Incl.

TITLE OR DESCRIPTION

Vendor Coupon Invoice

NO. OF PAGES

1

TRIM SIZE

8 1/2 x 5 1/2

STOCK SPECIFICATIONS

GRADE	WEIGHT	COLOR	GRADE	WEIGHT	COLOR	GRADE	WEIGHT	COLOR
NCR (CFB)	17	White						

PRINTING SPECIFICATIONS

<input checked="" type="checkbox"/> ONE SIDE	<input type="checkbox"/> TWO SIDES	<input type="checkbox"/> SAME	<input type="checkbox"/> DIFFER	H TO H	H TO F	H TO L	H TO R	COLOR INK (If not black)	SUPERSEDES	NEW					
									0130-LF-002-0901						
FRONT MARGINS				HEAD	LEFT	RIGHT	FOOT	BACK MARGINS							
<input checked="" type="checkbox"/> 3/8 HEAD CNTR L & R				<input type="checkbox"/> OTHER				<input type="checkbox"/> 3/8 HEAD CNTR L & R				<input type="checkbox"/> OTHER			

FINISHING SPECIFICATIONS

FOLDING		STD. DRILLING		NON-STANDARD DRILLING				WIRE STITCHING			
FOLD TO	2 TOP	3 LEFT	NO.	DIAMETER	C TO C	LOCATION	NO.	<input type="checkbox"/> SIDE	<input type="checkbox"/> SADDLE	<input type="checkbox"/> TOP LEFT CORNER	<input type="checkbox"/> OTHER
PERFORATING OR SCORING			PADDING		UNIT OF ISSUE		QUANTITY PER UNIT OF ISSUE		PACKAGING SPECIFICATIONS		
<input type="checkbox"/> PERF	<input type="checkbox"/> SCORE	DISTANCE	FROM	SHEETS	SETS	LOCATION	OTHER				
				100		<input checked="" type="checkbox"/> TOP		PD	100	Bar Code + Shrinkwrap	

SPECIAL INSTRUCTIONS/REMARKS