

Instructions for Completing PS Form 5429

1. Check appropriate box ONLY if PS Form 5429 for the same pay month was previously submitted to the Accounting Service Center (ASC). For example, the month of May was previously submitted to the ASC. Additional service for May was received for certification after the month of May was certified and submitted to the ASC. Check Supplemental Form to certify additional or increase in units for a pay month that has already been certified and submitted to the ASC. Check Correction to Original Form to certify a mistake in the original form submitted to the ASC for the same pay month. For example, 200 miles were certified for pay month May instead of 20. Checking this box will always result in a decrease to the amount previously certified.
2. Enter Highway Contract ID - A contract number consists of 5 characters, either all numeric (23098) or a combination of alpha/numeric (230BX).
3. Enter supplier name - See PS Form 5443, *Contract Log*, for official name, address and contract information.
4. Service Codes:
 - A Additional - Service that operates in addition to the service defined in the Statement of Work.
 - C Christmas - Additional service performed for Christmas.
 - D Detour - Extra mileage caused due to change in line of travel, for example, an obstruction of roads
 - E Emergency - Service performed to meet unexpected urgent needs.
 - L Late Slips - Extra hours/minutes for postal caused delays. Do not send PS Form 5466, *Late Slip* to the ASC (All Late Slip hours) are certified in the month that they are received. (Do not separate the months).
 - N Natural Disaster - Exceptional service performed due to a natural catastrophe.
 - O Other - Use only if no other service code applies (explain in Column G).
 - P Plant Load - Service performed to a mailer.
 - T Terrorism - Intentional man-made disaster.
 - X Automation - Automation processing that could not meet regular scheduled transportation.
5. Enter the name of the calendar month that service was performed (Do not enter a number).
6. Enter the fiscal year. The fiscal year starts October 1 and ends September 30.
7.
 - a. Service Code - Choose from the list on the form in Item 4:
 - b. Cost Segment - Enter the cost segment (A, B, C, etc). Only one cost segment may be certified per line. Use the contract schedule to determine the correct cost segment.
 - c. Units of Service - Select only one unit type per line, per cost segment.
 - d. RPM (rate per mile) or other Unit Rate - Enter the rate. Rate can be found on latest PS Form 5443.
 - e. Amount - Multiply the Units of Service times the unit rate.
 - f. Hours/Units Rate - Determine from the Late Slip (Driver Block) if operated by the hired driver or supplier.
 - g. Comments - Enter any additional comments to explain the payment.
8. Enter additional remarks for the ASC or Supplier.
9. Distribution - (1) ASC; (2) Supplier; (3) Manager, Transportation Contracts; (4) District/Plant Manager; (5) Administrative Official File Copy
10. Contact Name - Print name of person to contact for questions
11. Contact area code & telephone number.
12. Enter official name of Post Office.
13. Enter the city where the Post Office is located (13a), State (13b), and ZIP+4 (13c).
14. Administrative Official - The ASC must receive PS Form 5429 with the original signature.
15. Date Submitted is the date the form is sent to the ASC.



Certification of Exceptional Contract Service Performed

1. Check One box Only (If Applicable) <input type="checkbox"/> Supplemental Form <input type="checkbox"/> Correction to Original Form										6. Fiscal Year			
2. Contract ID (Only one contract per form; Alpha/numeric - 5 characters)					3. Supplier Name					7. Submit certification to the Accounting Service Center (ASC) on the first business day of each month for all exceptional service performed in the prior month (i.e. all exceptional service performed in October should be submitted to the ASC on the first business day in November). Do not mix pay months. Only one month can be certified per form.			
4. Service Codes (Enter in Column A) A = Additional C = Christmas D = Detour E = Emergency L = Late Slip N = Natural Disaster O = Other P = Plant Load T = Terrorism X = Automation (If service code = O explain in Column G)										Units of Service (Enter in Block C) Select only one unit type per line. Enter total of unite (i.e. 5 extra round trips performed using 50 miles per round trip = 50 miles times 5 = 225 miles entered in the Total Miles column. No entry would be made in the Round Trip Column). Minutes must be converted a decimal (i.e. to certify 4 hours and 15 minutes, divide the 15 minutes by 60. Enter 4.25 in the Total Hours/Min column). 4 hours plus 15 minutes divided by 60 = 4.25.			
5. Calendar Month Service Performed (i.e. October, November, etc.)													
Service Code	Cost Segment	Total Miles	One-Way Trip(s)	Round Trip(s)	Piece(s)	Pound(s)	Trailer(s)	Day(s)	Total Hours (Convert minutes to a decimal)	Enter H for Hired Driver or S for Supplier Rate	RPM or Other Unit Rate (Do not enter for late slips.)	Amount	Comment(s)
(a)	(b)	(c)								(d)	(e)	(f)	(g)
8. Use this space for additional remarks										14. Administrative Official (Original Signature) I CERTIFY that the above service has been performed and that supporting documents are on file in this office.			
9. Distribution (Send to) ACCOUNTING SERVICE CENTER UNITED STATES POSTAL SERVICE TRANSPORTATION SECTION PO BOX 80191 ST. LOUIS MO 63180-9191					10. Contact Name (Please print)			11. Contact Telephone Number (Include area code)			15. Date Submitted (MM/DD/YYYY)		
					12. Post Office™			13a. City		13b. State	13c. ZIP + 4®		