

Shipping List Number: 2015-0042-M

Ship List Date 12/3/2014
Delivery Date 1/7/2015
30643-
P.O. Number 30644
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 return a copy of this list on which they appear and circle the item numbers that are missing.

ITEM NO.	CLASSIFICATION NO.	TITLE
0996-B	Y 1.1/7:113-150	CONTINUATION OF THE NATIONAL EMERGENCY,... THE PRESIDENT OF THE UNITED STATES... HOUSE DOC. 113-150... U.S. CONGRESS, 113TH CONG., 2ND SESSION
1000-C	Y 4.EC 7:S.HRG.113-414	THE ECONOMIC IMPACT OF INCREASED,... HRG... S. HRG. 113-414... JOINT ECONOMIC COM., U.S. CONGRESS, 113TH CONGRESS, 2ND SESSION
1013-D	Y 4.F 49/20:113-58	HOW PROSPECTIVE AND CURRENT HOMEOWNERS,... HRG... SERIAL NO. 113-58... COM. ON FINANCIAL SERVICES, U.S. HOUSE OF REPS... 113TH CONGRESS, 2ND SESSION
	Y 4.F 49/20:113-70	FEDERAL RESERVE OVERSIGHT: EXAMINING,... COM. ON FINANCIAL SERVICES, U.S. HOUSE OF REPS... 113TH CONGRESS, 2ND SESSION
1016-B	Y 4.G 74/7:113-128	SOCIAL SECURITY ADMINISTRATION,... HRG... SERIAL NO. 113-128... COM. ON OVERSIGHT AND GOVERNMENT REFORM, U.S. HOUSE OF REPS... 113TH CONGRESS, 2ND SESSION
	Y 4.G 74/7:113-134	OVERSIGHT OF THE FEDERAL WORKFORCE: THE,... HRG... SERIAL NO. 113-134... COM. ON OVERSIGHT AND GOVERNMENT REFORM, U.S. HOUSE OF REPS... 113TH CONGRESS, 2ND SESSION
	Y 4.G 74/7:113-137	THE PRESIDENT'S FISCAL YEAR 2015 BUDGET,... HRG... SERIAL NO. 113-137... COM. ON OVERSIGHT AND GOVERNMENT REFORM, U.S. HOUSE OF REPS... 113TH CONGRESS, 2ND SESSION

Number of Titles: 7

MAIL CLAIMS TO:

Data Management Internationale, Inc
55 Lukens Drive
New Castle, DE 19720
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 PRINTING OFFICE
LIBRARY PROGRAMS SERVICES 9SLDM
WASHINGTON, DC 20401

Lib # _____ SL # _____
Institution _____
Address _____
City _____ State _____ Zip _____

OFFICIAL BUSINESS