

Form 3813-P (4-54)

RECEIPT FOR INSURED PARCEL

Addressed for delivery at

No.

(Post office of address)

WRITE PLAINLY

(State)

Postage 40.49 cts.

Special handling _____ cts.

Insurance fee 60 cts.

Return receipt _____ cts.

Special delivery 41.09 cts.

Restricted delivery _____ cts.

Fragile _____

Perishable _____

Other endorsement _____

SENDER—Enter name and address of addressee on other side and read information regarding endorsements and indemnity.

(Postmark of

Mailing Office)

POSTMASTER,

By _____

SAVE THIS RECEIPT UNTIL PACKAGE IS ACCOUNTED FOR

If you request payment of insurance for LOSS, you must present this receipt for examination by the post office where you file the request Form 3812.

If you request payment of insurance for damage, spoiling, or partial loss, and do not have this receipt, you may present that portion of the wrapper which shows the insurance serial number.

You must file a request for payment of insurance within one year after the date you mailed the package.

Enter below name and complete address of addressee. Show if addressed in care of person, hotel, etc.

Sent to _____

INSURANCE COVERAGE IS AVAILABLE UP TO \$200

GPO c9-16-63820-3