

Form 3818

4047

# RECEIPT FOR INSURED MAIL

GPO 16-13285

DOMESTIC (Including Canada and Newfoundland)

Postage \_\_\_\_\_ cts.  
 Insurance fee paid \_\_\_\_\_ cts.  
 Fragile \_\_\_\_\_  
 Perishable \_\_\_\_\_  
 Eggs \_\_\_\_\_

FEE	INDEMNITY
5c _____	Value up to \$5
10c _____	Value up to \$25
15c _____	Value up to \$50
25c* _____	Value up to \$100
30c _____	Value up to \$150
35c _____	Value up to \$200

\*Maximum chargeable to Newfoundland. Apply at post office window for information concerning fees applicable to insured mail for foreign countries.

Fee paid for return receipt \_\_\_\_\_ cts.  
 Restricted delivery fee \_\_\_\_\_ cts.  
 Special delivery fee \_\_\_\_\_ cts.  
 Special handling charge \_\_\_\_\_ cts.

(Postmark of \_\_\_\_\_  
 18  
 1943  
 Mailing Office)

Accepting employee will place his initials in spaces applicable to indicate endorsements and insert the fees paid.

The sender should write the name of the addressee on back hereof as an identification. Preserve and submit this receipt in case of inquiry or application for indemnity. Indemnity claims must be filed within 6 months from date of mailing.

POSTMASTER,  
 By \_\_\_\_\_