



Firm Delivery Receipt

Bill Number	Page Number	Mail For
<input type="checkbox"/> Registered		
<input type="checkbox"/> Insured		
<input type="checkbox"/> Certified		
<input type="checkbox"/> Returned CODs		
<input type="checkbox"/> Return Receipt for Merchandise		

Article Number	Article Number
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30

A total of _____ articles described above were received.	Received By (Print Name) _____ Signature of Addressee or Agent X	Postmark Delivery Office
Date of Delivery _____	NOTE: List the appropriate code after each Article Number. * CODE: R = Return Receipt Requested. OS = Officially Sealed. RE = Re-enveloped. SD = Special Delivery. RW = Returned to Writer. DC = Received in Damaged Condition.	
Delivered By (Clerk or Carrier) _____		