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USPS EXPRESS MAIL®

Ship To:

POSTAL USE ONLY

Date In: <small>Mo. Day Year</small>		Time In: <input type="checkbox"/> AM <input type="checkbox"/> PM
Day of Delivery: <input type="checkbox"/> Next <input type="checkbox"/> Second		<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM
Return Receipt:	COD:	Additional Insurance Fee: