## Postage Statement - Extra Services

Not all extra services are available with all classes of mail.
MAILER: This postage statement must be used with a separate postage statement for the class of mail indicated. After computing the fees below, enter the total onto the appropriate postage statement and attach this form. For all extra services, PS Form 3877, Firm Mailing Book for Accountable Mail, also must be completed. Domestic mail and International mail must be reported on separate copies of this form.

| $\begin{aligned} & \frac{1}{\bar{U}} \\ & \frac{\pi}{\Sigma} \end{aligned}$ | Permit Holder's Name, Address, and Email Address, If Any | Telephone | Post Office of Mailing | Form Number of Attached Postage Statement |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Mailing Date | For DomesticFirst-Class MailPriority MailStandard MailPackage Services | For International |
|  |  |  | Permit Number |  | Parcel Post (PP) |
|  |  |  | Statement Sequence No. |  |  |

## Domestic Mail

|  | Service |  | DMM Section | Number Pcs. x Fee |  | Totals |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | S1 | Certificate of Mailing (Three or more) | 503.5 |  | \$ 0.30 |  |
|  | S2 | Certified Mail | 503.3 |  | \$ 2.40 |  |
|  | S3 | Collect on Delivery (COD) | 503.11 |  |  |  |
| $\infty$ | S4 | Delivery Confirmation | 503.9 |  |  |  |
| $\geq$ | S5 | Insured Mail | 503.4 |  |  |  |
| ธ | S6 | Registered Mail | 503.2 |  |  |  |
| Ш | S7 | Restricted Delivery | 503.7 |  | \$ 3.70 |  |
|  | S8 | Return Receipt (Electronic) | 503.6 |  | \$ 1.35 |  |
|  | S9 | Return Receipt (3811) | 503.6 |  | \$ 1.85 |  |
|  | S10 | Return Receipt for Merchandise | 503.8 |  | \$ 3.15 |  |
|  | S11 | Signature Confirmation | 503.10 |  |  |  |
|  | S12 | Parcel Airlift (PAL) | 703.2.5 |  |  |  |
| $\bigcirc$ | S13 | Special Handling | 503.12 |  |  |  |
| तु | Total Supplemental Postage (Carry this amount to attached postage statement) $\rightarrow$ |  |  |  |  |  |

## International Mail

|  |  | Service | IMM Section | Number Pcs. x | Fee | Totals |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 0 | S14 | Insurance | 320 |  |  |  |
| $\geq$ | S15 | Recorded Delivery | 360 |  | \$ 2.40 |  |
| ช | S16 | Registered Mail | 330 |  |  |  |
| Ш | S17 | Restricted Delivery | 350 |  | \$ 3.70 |  |
|  | S18 | Return Receipt | 340 |  | \$ 1.85 |  |
| T0 |  |  |  |  |  | Total Supplemental Postage (Carry this amount to attached PS Form 3651) $\rightarrow$ |

