



# Online Express Mail® Daily Log

**For Manual Offices Only:**

Use this form to record acceptance information for Express Mail labels generated online or through an APC®.

**Instructions:**

You may record two transactions per sheet.

1. Complete one record for each Express Mail® or Express Mail International® shipment received.
2. Acceptance information for each Express Mail shipment must be entered into the Product Tracking System Label Entry Application.
3. Retain this form with your Express Mail label finance copies after the data is entered into the Product Tracking System Label Entry application.
4. Direct any questions about this form to your District Retail Office.

## 1. Online Express Mail Acceptance Record

Express Mail Tracking Number	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Delivery Day <input type="checkbox"/> Military	<input type="checkbox"/> Flat Rate Envelope
Origin Post Office ZIP + 4® _____ - _____	Scheduled Delivery Date Month_____ Day_____ Year_____	Postage \$_____
Date Mailed Month_____ Day_____ Year_____	Scheduled Delivery Time <input type="checkbox"/> 10 AM <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Return Receipt Fee \$_____
Time Mailed _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Addressed to Post Office Box <input type="checkbox"/> Sunday / Holiday Delivery	COD Fee Insurance Fee \$_____ \$_____
Weight _____ Lbs. _____ Oz.	No Delivery Requested <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Total Postage & Fees \$_____
Destination ZIP Code™ _____ - _____	<input type="checkbox"/> Waiver of Signature Requested	Destination Contact Telephone Number <i>(include Area Code)</i>
Acceptance Employee Initials	International Alpha Country Code	International Postal Code

## 2. Online Express Mail Acceptance Record

Express Mail Tracking Number	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Delivery Day <input type="checkbox"/> Military	<input type="checkbox"/> Flat Rate Envelope
Origin Post Office ZIP + 4 _____ - _____	Scheduled Delivery Date Month_____ Day_____ Year_____	Postage \$_____
Date Mailed Month_____ Day_____ Year_____	Scheduled Delivery Time <input type="checkbox"/> 10 AM <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Return Receipt Fee \$_____
Time Mailed _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Addressed to Post Office Box <input type="checkbox"/> Sunday / Holiday Delivery	COD Fee Insurance Fee \$_____ \$_____
Weight _____ Lbs. _____ Oz.	No Delivery Requested <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Total Postage & Fees \$_____
Destination ZIP Code _____ - _____	<input type="checkbox"/> Waiver of Signature Requested	Destination Contact Telephone Number <i>(include Area Code)</i>
Acceptance Employee Initials	International Alpha Country Code	International Postal Code