

Avis Usher - Benefit Golf Day - 10/11/78

20 thank yous for prizes

\$ 2.60

Parecl Post - Insurance - and stamps for sending prizes

10.83

\$13.43

324 0510

R	STATEMENT NUMBER
6	
13/78	
DATE	

5494
10/23/78

CREDITS

10/16/78

30 DAYS

60 DAYS

90 AND OVER

PAY THIS AMOUNT

\$799.83

THE ABOVE PORTION OF YOUR ACCOUNT IS NOW PAST DUE.

October 11, 1978

STATEMENT

60
15
225
230
142
155
256

+ \$3317.00
30.00

115
747.50
39.31

13.43

800.24

\$2516.76

324 0510

STATEMENT
NUMBER

3/78

DATE

CREDITS

\$10.83

2.60

13.43 - 20

"Thank You" to prezis



154 D

10/16/78

30 DAYS

60 DAYS

90 AND OVER

PAY THIS AMOUNT

\$799.83

THE ABOVE PORTION OF YOUR ACCOUNT IS NOW PAST DUE.

80

October 11, 1978

STATEMENT

**FOR INSURED MAIL
DOMESTIC - INTERNATIONAL**

ADDRESSED FOR DELIVERY AT
(Post Office, State and Country)

Masepequa, NY 11758

POSTAGE AIR \$ *1.71*

INSURANCE COVERAGE \$ *20.00*

INSURANCE FEE *.85* ¢

SPEC. HANDLING ¢

DOMESTIC ONLY SPECIAL DELIVERY ¢

ADDRESSEE ONLY ¢

RETURN RECEIPT (Except to Canada) ¢

FRAGILE LIQUID PERISHABLE TOTAL *2.56*



CUSTOMER OVER

POSTMASTER By *[Signature]*

+ \$3317.00
30.00

115
747.50
39.31

13.43

800.24

\$2516.76

3240510	
6	STATEMENT NUMBER
13/78	
DATE	

CREDITS

10/16/78

30 DAYS 60 DAYS 90 AND OVER

PAY THIS AMOUNT **\$799.83**

THE ABOVE PORTION OF YOUR ACCOUNT IS NOW PAST DUE.

SENDER: Fill in name and address of addressee as shown on the package.

**SAVE THIS RECEIPT UNTIL
PACKAGE IS ACCOUNTED FOR**

NAME

Danford Lester Keener Jr 14

House No. and Street, Apt. No.; or Box or R.D. No. (In care of), State, and ZIP Code

J. Collins - 2nd Law Det - Kenton

COVERAGE—Postal insurance covers (1) the value of the article(s) at time of mailing, if lost or totally damaged, or (2) the cost of repairs. Coverage may not exceed the limit of \$500 for the insurance fee paid. Consult postmaster for details of insurance limits and conditions.

FILING CLAIM—Bring this receipt or the wrapper of the parcel to any post office or branch within one year from the date the parcel was mailed. Submit sales slips, bills, if available, or repair estimates to substantiate your claim.

**FOR INSURANCE
DOMESTIC — INTERNATIONAL
ADDRESSED FOR
Post Office, State**

(s) at time of mailing
 may not exceed the limit
 insurance limits and cover
 parcel to any post office
 Submit sales slips

579

**INSURED MAIL
 AIR MAIL - INTERNATIONAL**

ADDRESSED FOR DELIVERY AT
 (Post Office, State and Country)

Montauk, NY 11954

POSTAGE	<input type="checkbox"/> AIR	\$ 1.45
INSURANCE COVERAGE		\$40.00
INSURANCE FEE		.85
SPEC. HANDLING		
DOMESTIC ONLY	<input type="checkbox"/> SPECIAL DELIVERY	
	<input type="checkbox"/> ADDRESSEE ONLY	
RETURN RECEIPT		
(Except to Canada)		

FRAGILE LIQUID PERISHABLE **TOTAL** 2.30

(POSTMARK) **EAST HAMPTON NY 11954 OCT 16 1978**

CUSTOMER OVER

POSTMASTER
 By *[Signature]*

11954
 10/16/78

October 11, 1978

+ \$3317.00
 30.00
 115
 747.50
 39.31
 13.43
 800.24
 \$2546.76

STATEMENT

324-0510
 STATEMENT NUMBER
 6
 13/78
 DATE

CREDITS

30 DAYS 60 DAYS 90 AND OVER

THE ABOVE PORTION OF YOUR ACCOUNT IS NOW PAST DUE.

PAY THIS AMOUNT

\$799.83

SAVE THIS RECEIPT UNTIL
PACKAGE IS ACCOUNTED FOR

SENDER: Fill in name and address of addressee as shown on the package.

NAME

Pasquale Amabile

House No. and Street, Apt. No.; or Box or R.D. No. (In care of), State, and ZIP Code

1st River Xet

COVERAGE—Postal insurance covers (1) the value of the article(s) at time of mailing, if lost or totally damaged, or (2) the cost of repairs. Coverage may not exceed the limit of \$500 for the insurance fee paid. Consult postmaster for details of insurance limits and conditions.

FILING CLAIM—Bring this receipt or the wrapper of the parcel to any post office, post office branch, or branch within one year from the date the parcel was mailed. Submit sales slips, invoices, bills, if available, or repair estimates to substantiate your claim.

* GPO: 1975 O-591-453

078
FOR INSURED
INTERNATIONAL
ADDRESSED FOR DELIVERY
(Post Office, State and Country)

Sag Harbor

POSTAGE

INSURANCE

INSURANCE

SPECIAL

...time of mailing
...exceed the limit
...limits and cover
...any post office,
...submit sales slips

378

FOR INSURED MAIL
DOMESTIC - INTERNATIONAL
ADDRESSED FOR DELIVERY AT
(Post Office, State and Country)

Sag Harbor, NY 11963

POSTAGE	<input type="checkbox"/> AIR	\$ 1.45
INSURANCE COVERAGE		\$ 40.00
INSURANCE FEE		.85
SPEC. HANDLING		¢
DOMESTIC ONLY	<input type="checkbox"/> SPECIAL DELIVERY	¢
	<input type="checkbox"/> ADDRESSEE ONLY	¢
RETURN RECEIPT		¢
(Except to Canada)		
FRAGILE LIQUID PERISHABLE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	TOTAL	2.25



CUSTOMER OVER

POSTMASTER
By *[Signature]*

#547
10/16/78

October 11, 1978

115
747.50
39.31
13.43

+ \$3317.00
30.00

800.24

\$2516.76

STATEMENT

e-324-0510

STATEMENT NUMBER	36
DATE	10/13/78

CREDITS

30 DAYS 60 DAYS 90 AND OVER

PAY THIS AMOUNT \$799.83

THE ABOVE PORTION OF YOUR ACCOUNT IS NOW PAST DUE

SAVE THIS RECEIPT UNTIL
PACKAGE IS ACCOUNTED FOR

SENDER: Fill in name and address of addressee as shown on the package.

NAME

Babcock - Snake Alarm

House No. and Street, Apt. No.; or Box or R.D. No. (In care of), State, and ZIP Code

2nd Hand Green

COVERAGE—Postal insurance covers (1) the value of the article(s) at time of mailing if lost or totally damaged, or (2) the cost of repairs. Coverage may not exceed the limit for the insurance fee paid. Consult postmaster for details of insurance limits and conditions.

FILING CLAIM—Bring this receipt or the wrapper of the parcel to any post office or branch within one year from the date the parcel was mailed. Submit sales slips, bills, if available, or repair estimates to substantiate your claim.

* GPO: 1975 O-591-453

POSTAGE AIR 92
INSURANCE FEE
INSURANCE COVERAGE \$15
SPECIAL DELIVERY
SPECIAL HANDLING
Total
 Fra
POST

(s) at time of mailing
 may not exceed the limit for
 insurance limits and cover
 to any post office.
 Submit sales slips.

POSTIC INSURED PARCEL
 (International Mail)

DELIVERY AT (P.O., State & ZIP Code)

Littleton, NY 11756

POSTAGE <input type="checkbox"/> Air <input checked="" type="checkbox"/>	<i>92</i>	¢
INSURANCE FEE	<i>50</i>	¢
INSURANCE COVERAGE	<i>\$1500</i>	¢
SPECIAL DELIVERY		¢
SPECIAL HANDLING		¢
Total	<i>1.42</i>	



MAILING OFFICE

Fragile Liquid Perishable

POSTMASTER (By) *H. Keyell*

SENDER—Enter name and address of addressee on the reverse and read information regarding insurance coverage and claims.

PS Form 3813, Dec. 1974

October 11, 1978

115
 747.50
 39.31
13.43

+ \$3317.00
 30.00

800.24

\$2516.76

STATEMENT

324-0510

R	STATEMENT NUMBER
6	

13/78
 DATE

CREDITS

#5493
10/16/78

30 DAYS 60 DAYS 90 AND OVER

THE ABOVE PORTION OF YOUR ACCOUNT IS NOW PAST DUE.

PAY THIS AMOUNT ▶ \$799.83

SAVE THIS RECEIPT UNTIL
PACKAGE IS ACCOUNTED FOR

COVERAGE — Parcel insurance covers (1) the value of the article(s) at the time of mailing, if lost or totally damaged, (2) the cost of repairs. Coverage may not exceed the limit fixed for the insurance fee paid. Consult postmaster for details of insurance limits and coverage.

FILING CLAIM—Bring this receipt or the wrapper of the parcel to any post office, station, or branch within one year from the date the parcel was mailed. Submit sales slips, receipted bills, if available, or repair estimates to substantiate your claim.

Enter below name and complete address of addressee. Show if addressed in care of person, hotel, etc.

SENT TO

Mr. E. J. - 3rd
Sp. Subci - 3rd
Wang

(ZIP Code)

☆U.S.GPO: 1974-651-707

SENDER: Fill in name and address

NAME

Babe

House No. and Street, Apt. 1

2nd

COVERAGE—Postal insurance covers (1) the value of the article(s) at the time of mailing, if lost or totally damaged, or (2) the cost of repairs. Coverage may not exceed the limit fixed for the insurance fee paid.

FILING CLAIM—Bring this receipt or the wrapper of the parcel to any post office, station, or branch within one year from the date the parcel was mailed. Submit sales slips, receipted bills, if available, or repair estimates to substantiate your claim.

INSURED PARCEL
 (Registered Mail)
 DELIVERY AT (P.O., State & ZIP Code)
 Riverhead, NY 11901

POSTAGE <input type="checkbox"/> Air <input checked="" type="checkbox"/> 1.05	POSTMARK OF
INSURANCE FEE .50	
INSURANCE COVERAGE \$10	
SPECIAL DELIVERY	
SPECIAL HANDLING	
Total 1.55	
MAILING OFFICE	
<input type="checkbox"/> Fragile <input type="checkbox"/> Liquid <input type="checkbox"/> Perishable	
POSTMASTER (By) <i>Hevel</i>	
SENDER—Enter name and address of addressee on the reverse and read information regarding insurance coverage and claims.	

PS Form 3813, Dec. 1974

October 11, 1978

(115
 747.50
 39.31
13.43
 + \$3317.00
 30.00
800.24
 \$2516.76

STATEMENT

324 0510

STATEMENT NUMBER	36
DATE	11/13/78

CREDITS

#5493
 10/16/78

30 DAYS	60 DAYS	90 AND OVER	PAY THIS AMOUNT	\$799.83
THE ABOVE PORTION OF YOUR ACCOUNT IS NOW PAST DUE.				

SAVE THIS RECEIPT
IS ACCOUNTED FOR

COVERAGE — Parcel insurance covers (1) the value of the article(s) mailed, if lost or totally damaged, (2) the cost of repairs. Coverage may exceed the limit fixed for the insurance paid. Consult postmaster for details of insurance limits and coverage.

FILING CLAIM—Bring this receipt or the wrapper of the parcel to any post office, station, or branch within one year from the date the parcel was mailed. Submit sales slips, receipted bills, if available, or repair estimates to substantiate your claim.

Enter below name and complete address of addressee. Show if addressed in care of person, hotel, etc.

SENT TO _____

Mr. Conley - Clerk

for G. Norman - Treasurer

(ZIP Code) _____

U.S. GPO: 1974-651-707

to for 8th Hole

SENDER: Fill in name and address

NAME

Duke

House No. and Street, Apt.

2nd

COVERAGE—Postal insurance covers (1) the value of the article(s) mailed, if lost or totally damaged, or (2) the cost of repairs. Coverage may exceed the limit fixed for the insurance paid. Consult postmaster for details of insurance limits and coverage.

FILING CLAIM—Bring this receipt or the wrapper of the parcel to any post office, station, or branch within one year from the date the parcel was mailed. Submit sales slips, receipted bills, if available, or repair estimates to substantiate your claim.

SAVE THIS RECEIPT UNTIL
PACKAGE IS ACCOUNTED FOR

Maidstone Club - October 11, 1978

STATEMENT

3240510

R	STATEMENT NUMBER
	6
DATE	
13/78	

+ \$3317.00
30.00

expenses: Maidstone Golf Club (115 Lunches) 747.50
Hampton Press (tickets and posters (have some left) 39.31
Postage (bill attached) 13.43

800.24

\$2516.76

CREDITS

#5493
10/16/78

PAY THIS AMOUNT ▶ \$799.83

30 DAYS 60 DAYS 90 AND OVER

THE ABOVE PORTION OF YOUR ACCOUNT IS NOW PAST DUE

RECEIVED ACCOUNTS RECEIVABLE
Parcel of the article listed or totaling repairs. Coverage is fixed for the last month and coverage. Bring this receipt or the parcel to any post office, within one year from the date this bill was mailed. Submit sales bills, if available, or repair receipts to your claim.

Maidstone Club

Beach Lane
P.O. Box 850
East Hampton, N.Y. 11937

STATEMENT

Phone 324-0510

Mrs. John B. Usher, Jr.
19 Pleasant Lane
East Hampton, N.Y. 11937

CLUB NUMBER	STATEMENT NUMBER
24786	
10/13/78	
DATE	

I DO DESIRE CHITS

PLEASE DETACH THIS PORTION AND RETURN WITH YOUR REMITTANCE TO INSURE CREDIT TO PROPER ACCOUNT

AMOUNT ENCLOSED \$

1978

PREVIOUS BALANCE ▶

DATE

DESCRIPTION

CHARGES

CREDITS

Neighborhood House Golf
Tournament.

October 11, 1978

Luncheon:

115 Guests @ \$6.50

747.50

Sales Tax (7%)

52.33

~~Grand Total~~

~~\$ 799.83~~

#549B

10/16/78

30 DAYS

60 DAYS

90 AND OVER

PAY THIS AMOUNT ▶

\$799.83

THE ABOVE PORTION OF YOUR ACCOUNT IS NOW PAST DUE