

	<input type="checkbox"/> Priority	<input type="checkbox"/> By air	
		<input type="checkbox"/> By surface	
Dispatching designated operator	Month	Year	
Dispatching office of exchange	Designated operator of destination		
	Office of exchange of destination		

Summary of IBRS items from CN 31 letter bills

Date of dispatch	Mail No.	Number of receptacles	Weight	Number of bundles	Weight	Total weight	Total number of items
1	2	3	4	5	6	7	8
			kg		kg	kg	
Total to be entered on CN 10 statement							

Office of destination  
Place and signature