

N. P. $\frac{233}{5-24}$

AGTS. O. S. & D. F. C. A., O. S. & D. No.....
REPORT OF OVER AND SHORT FREIGHT
ACCOUNTED FOR

Station
..... 19.....

F. C. A.

Dear Sir:—Please refer to my O. S. & D. report,
numbered as above, and dated.....19.....

Car No. W. B.
dated.....19....., billed from
..... to

CONSIGNEE AND MARKS:

OVER

SHORT

Above Freight is Accounted For On.....W. B.
No. Dated.....19.....

Has Freight Been Delivered?.....

If So Date

Above Freight Over At.....In Car.....

InitialDate19.....

Seals

INSTRUCTIONS.

1. This report must be sent to the Freight
Claim Agent in EVERY case where short or over
freight is received or accounted for.

2. Give full particulars and Way-Bill refer-
ences. Do not omit to state CAUSE of over or
shortage.

FREIGHT CLAIM AGENT.