N.P. 1692 12-64

REPORT OF C.O.D. SHIPMENTS RECEIVED

MONTH OF _____ 19__

5700 SUPERIOR, MONT.

(ACCTG. NO.) (NAME) STATION

FRT. BILL		WAY BILL		STATION FROM	SHIPPER	CONSIGNEE	DATE DEL'D*	C. O. D. PAID TO SHIPPER ·				C. O. D. SERVICE CHARGE	
DATE	NO.	DATE	NO.					AMOUNT		DATE	DFT. NO.		

THIS REPORT TO BE MADE MONTHLY AND SENT TO MGR. PASSENGER AND STATION ACCOUNTING. IF NO C.O.D. SHIPMENTS RECEIVED, REPORT SHOULD BE ENDORSED "BLANK."

* IF SHIPMENT ON HAND AT END OF MONTH WRITE "O.H." IN THIS COLUMN AND CARRY ITEM FORWARD TO REPORT FOR NEXT MONTH.
* IF C.O.D. SHIPMENTS ARE RESHIPPED GIVE REFERENCE TO AUTHORITY FOR RESHIPPING AND NEW WAYBILL REFERENCE.
* IF C.O.D. SHIPMENTS ARE RELEASED FROM COLLECTION OF C.O.D. OR AMOUNT OF C.O.D. IS REDUCED GIVE REFERENCE TO AUTHORITY FOR SUCH RELEASE OR REDUCTION.

_____ AGENT