

EMPTY CAR

INITIAL	NUMBER	KIND

BILLED FROM _____

BILLED TO _____ **DATE** _____

FOR DEL'Y TO _____

BILLED FROM _____

BILLED TO _____ **DATE** _____

FOR DEL'Y TO _____

SHOW—

1. ORDER NUMBER IF ON ORDER.
2. "S.H.E." IF SENT HOME EMPTY.
3. AUTHORITY IF NOT RETURNED TO

ROAD FROM WHICH RECEIVED

WHEN CAR BILLED A SECOND TIME EMPTY CROSS
OUT FIRST BILLING

HOME ROUTE

REC'D FROM _____ **R. R.**

AT _____ **JCT.**

DATE _____ **19** _____