

TO

District
Accountant

FROM

Dist. Acct.
Agent or
Claim Agent

At

At

Please furnish records checked:

Date

REPLY DIRECT TO PATRON

Delivery Record

C. O. D. Returns

(If there is not a clear record of shipment reply should be made to the representative of this Company making the inquiry.)

RETURN FORM TO ME

Delivery Record

C. O. D. Returns

Return to Shipper Record

Copy of Out Billing

Certified Copy of Receipt

Copy of Vehicleman's Tally

Amount of Claim

File Reference or Claim Number

\$

Inquiry made by

(or)

Claimant

Nature of Complaint or Claim:

Agent or Claim Agent will fill in available data—District Accountant will complete the Delivery Sheet information.

To Destination Office		Enter Date Shipped	
Consignee		194	
Street Address or Non-Agency Destination		Delivery Sheet Number	
Name of Forwarding Office		Declared Value	
Pieces	Article	Weight	
Shipper		Receipt or Identification No.	Class
Shipper's Address		Scale or Rate	Paid in Part
Received from RAILWAY EXPRESS AGENCY, Inc., shipment described hereon,		Date Delivered	
X CONSIGNEE'S SIGNATURE		Delivered By	
Per		Hour	
		AM PM	

COLLECT	PREPAID
Advances	
Value Charges	Value Charges
Express Charges	Express Charges
Tax	Tax
Total	Total
C. O. D.	C. O. D.
C.O.D. Service Chgs.	C.O.D. Service Chgs.
Deliveryman's Number	

The Delivery
Record shows
the shipment
originated with

Express Company

Delivery was
made on
(Check One)☐ Original☐ Substitute☐ Over

Delivery Sheet

C. O. D. WAS PAID BY DRAFT No. _____ DATED _____ 194

AMOUNT \$ _____

Date _____ 194

Dist. Acct.
Agent
Claim Agent