

DEMURRAGE OR STORAGE BILL - COPY

19

STATION _____

DATE _____

CONSIGNEE
OR SHIPPER _____

DEMURRAGE OR STORAGE



BILL No. _____

**To The Atchison, Topeka & Santa Fe Railway Company, Dr.
FOR DEMURRAGE OR STORAGE CHARGES AS FOLLOWS:**

DESTINATION OR POINT OF ORIGIN	WAY-BILL DATE AND NO.	CONSIGNEE OR SHIPPER	FREIGHT BILL DATE AND NO.

CAR		ARRIVAL OF SHIPMENT		NOTIFIED		ORDERED		ACTUAL PLACEMENT		CONSTRUCTIVE PLACEMENT		Car Released or Shipment Delivered	
INITIAL	NUMBER	DATE	TIME	DATE	TIME	DATE	TIME	DATE	TIME	DATE	TIME	DATE	TIME

TOTAL NUMBER OF DAYS HELD	COMMODITY	WEIGHT	DAYS	RATE	AMOUNT
DEDUCTIONS					
FREE TIME					
SUNDAYS					
HOLIDAYS					
OTHER					
TOTAL DEDUCTIONS					
NUMBER OF DAYS SUBJECT TO DEMURRAGE OR STORAGE					

RECEIVED PAYMENT _____ 19 _____	Total	
_____ Agent	TOTAL TO COLLECT	