

	<h1>Bureau of Corrections</h1>	Document Reference Code NBP-PR-001-F005	
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CHAIN OF CUSTODY FORM		Page 1 of 1	

CHAIN OF CUSTODY

DATE: _____

DESCRIPTION OF EVIDENCE

QUANTITY	ITEM/S	REMARKS

TURNED OVER BY : _____
(Name, Signature and Designation)

DATE: _____ **TIME:** _____

RECEIVED BY : _____
(Name, Signature and Designation)

AGENCY AND ADDRESS : _____

DATE: _____ **TIME:** _____

RECEIVED BY : _____
(Name, Signature and Designation)

AGENCY AND ADDRESS : _____

DATE: _____ **TIME:** _____