

Paint Transfer Chain of Custody

Report Only		Report and Billing	AFL Case No.:
Contact:		Contact:	Date Received:
Company:		Company:	
Address:		Address:	
E-mail:		E-mail:	
Phone:() Fax:()		Phone:() Fax:()	
Submitter File No.:		Insured:	
Claim No.:		Policy No.:	Date of Loss:
			Notes:
Evidence Description			Notes
Background YELLOW	1.		VIN #: _____
Transfer Paint ORANGE	2.		Make and Model: _____
Suspect Source PINK	3.		Color of Vehicle: _____
			Description of Transfer: _____
<p>Evidence Transmittal:</p> <p>_____ # Samples Submitted Date/Time: _____</p> <p>Samples Released By: _____ Samples Received By: _____</p> <p style="text-align: right;"><i>Armstrong Forensic Laboratory, Inc.</i></p>			