

<b>Original Report and Invoice</b>		<b>Copy of Report Only</b>		<b>AFL Case No:</b>		
Contact:		Contact:		Loss ID:		
Company:		Company:		Insured:		
Address:		Address:		Loss Location:		
Phone:	Email:	Phone:	Email:	Date of Loss:		
Submitter File No:		Claim No:		Policy No:		
Lab Use Only	Evidence Information		Collection Information			
	Field Identification		Date	Time		
Notes:	Released By: (Signature)		Date/Time		Received By: (Signature)	
	Date/Time		Received By: (Signature)		Date/Time	
	Released By: (Signature)		Date/Time		Received By: (Signature)	
	Date/Time		Received By: (Signature)		Date/Time	