



University System
of New Hampshire

USNH Chain of Custody Form for Cash Receipts

Name of Event/Reason for fund collection: _____

Date of Event: _____

Event/Dept Contact: _____

Total Amount: \$_____ (must be counted by 2 individuals)

Method of Transport: _____

CHAIN OF CUSTODY LOG				
<u>Date</u>	<u>Time</u>	<u>Amount</u>	<u>Released by (Print Name and Signature)</u>	<u>Received by (Print Name and Signature)</u>