

Republic of the Philippines
Department of Education
BUREAU OF EDUCATION ASSESSMENT
Pasig City

Name of School: _____

Address of School: _____ Name of Chief Examiner: _____

Date of Test: _____

TEST MATERIALS ACCOUNTING FORM**INSTRUCTIONS:**

Place issued _____

Time/Date Issued _____

This is to certify that I received _____ carton(s)/ package(s)
which contain Test booklets (TBs) and Answer Sheets (ASs). The seals of these are all
intact.

Signature: _____

1. The Chief Examiner fills up the information required in each column.
2. All Examiners are required to affix their signature in Column 6 as they receive the materials for their respective examination rooms.
3. The duly accomplished form is to be placed inside the Chief Examiner's Transmittal Report Envelope (CETRE) for transmittal to the BEA, Pasig City.
4. Note down under "Remarks" the total number of defective and replaced Test Booklets.
5. At the time when the examinees are accomplishing the last subtest, Columns 7, 8 and 9 should be filled out and all unused Scannable Answer Sheets should be collected.

No.	Name in Print of Examiner	Exam Room No.	Distribution Phase			Retrieval Phase					Remarks
			No. of TB	Inclusive Serial Numbers	Signature of Examiner	No. of Used TB	No. of Unused TB	Serial Number(s) of Unused TB	Signature of Examiner	Initial of Chief Examiner	
1	2	3	4	5	6	7	8	9	10	11	12
1			TB-1								
			TB-2								
2			TB-1								
			TB-2								
3			TB-1								
			TB-2								
4			TB-1								
			TB-2								
5			TB-1								
			TB-2								
6			TB-1								
			TB-2								
7			TB-1								
			TB-2								
8			TB-1								
			TB-2								
9			TB-1								
			TB-2								
10			TB-1								
			TB-2								

NOTE: Use a separate sheet of paper should there be a long list of Serial Numbers for Unused Test Booklets (TBs). There should be a separate list for TB1 and TB2.

Example: Room No.: _____ Unused TB1 SN: _____

Unused TB2 SN: _____

Page ____ of ____ pages

No.	Name in Print of Examiner	Exam Room No.	Distribution Phase			Retrieval Phase					Remarks
			No. of TB	Inclusive Serial Numbers	Signature of examiner	No. of Used TB	No. of Unused TB	Serial Number(s) of Unused TB	Signature of Examiner	Initial of Chief Examiner	
1	2	3	4	5	6	7	8	9	10	11	12
11			TB-1								
			TB-2								
12			TB-1								
			TB-2								
13			TB-1								
			TB-2								
14			TB-1								
			TB-2								
15			TB-1								
			TB-2								
16			TB-1								
			TB-2								
17			TB-1								
			TB-2								
18			TB-1								
			TB-2								
19			TB-1								
			TB-2								
20			TB-1								
			TB-2								
21			TB-1								
			TB-2								
22			TB-1								
			TB-2								
23			TB-1								
			TB-2								
24			TB-1								
			TB-2								
25			TB-1								
			TB-2								
26			TB-1								
			TB-2								
27			TB-1								
			TB-2								