



CITY MAYOR'S OFFICE  
TAGUM CITY, DAVAO DEL NORTE

# GUARANTEE LETTER



**TABANG MEDIKAL**

CONTROL NUMBER

This will serve as notification that the City Mayor's Office will honor and guarantee \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Patient's Full Name Age Gender  
from \_\_\_\_\_  
House No., Street, Purok, Barangay, City, Province  
to avail medical assistance.

\_\_\_\_\_ will process the  
Client's Full Name/ Relationship with Patient  
**MEDICINE** in the amount of \_\_\_\_\_  
Amount in Words  
(Php \_\_\_\_\_).  
Amount in Numbers

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2026.  
Date Month

Approved by:

Recommending Approval:

Prepared by:

**REY T. UY**  
City Mayor

**MARJESSA FLOR V. DUBLIN**  
Executive Assistant IV



**REY T. UY**  
CITY MAYOR OF TAGUM