

GL No.: 2023-1783

Date: April 24, 2023

Dr Maria Isabel  
Senior Surgeon  
Manila General Hospital,  
Manila

Dear **Dr Maria**,

This has reference to the request for the medical assistance of herein client, **Juan Carlos Reyes** of 123, Main Street, Manila, 1004.

The Department of Social Welfare and Development has assessed and validated the said request for assistance through the Crisis Intervention Division. Thus, the Department is using this letter to guarantee the payment of the bill in the amount of **Three Hundred Thousand Pesos** Only Php 300,000.00.

To facilitate the payment, please submit to the Crisis Intervention Division the following documents for the preparation of Disbursement Voucher with one week after service has been completed.

Ø Guarantee Letter (GL) from the DSWD with your company's "received" stamp  
Ø Statement of Accounts (SOA) or Billing Statement addressed to DSWD

Please be informed that said payment will be directly deposited to your company's bank account. Should there be any query, you may call us at \_\_\_\_\_.

For your consideration.

Thank you.

Very truly yours,

\_\_\_\_\_  
Approving Authority  
Position  
Office



**Valid until: May 10th, 2023**

*\*validity period includes the time of receipt of the guarantee letter by the service provider*