

PRODUCT DESTRUCTION REQUEST FORM

PDRF No.

fO95PptqdJ

Notice To	Date	DAAF No.
Metro Drug	2023-02-16 01:1	3:02

Details of Pick-up Point				
Name of Beneficiary / Donee				
Jescie Benson				
Pick-up Address				
Sed deserunt veniam				
Contact Person	Contact No.	Pick-up Date		
Sapiente eligendi ne	lusto itaque minus u	1980-12-06 00:00:00		
Other Pick-up Instructions:	•			
Sed laboriosam volu				

Details of Delivery Point				
Name of Contact Person				
Cupiditate delectus				
Delivery Address				
Molestiae aut est au				
Authorized Recipient	Contact No.	Delivery Date		
Sunt saepe magna ex	Aut sunt neque sunt	2008-01-30 00:00:00		
Other Delivery Instructions:	•			
Doloremque in non ir				

Details of Stocks for Destruction						
Principal / Company Name	Product Description	Expiration Date	Lot/Batch No.	Qty		
Astrazenica	Shaine Baird asdasd dsad sacxasdwqewasd Ipsa ut odi	0210@18-02-27 00:00:00	XXS112HG	1		
Astrazenica	Saridon Paracetamol 50mg 50mg 50inch	2023-02-28 00:00:00	CVVCX	1		
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PHAPCARES PROJECT MANAGER PHAPCARES EXECUTIVE DIRECTOR Beneficiary's Representative	
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Dennis Romerick G. Tuazon Dr. Maria Rosarita Q. Siasoco	_
SIGNATURE OVER PRINTED NAME / DATE SIGNATURE OVER PRINTED NAME / DATE SIGNATURE OVER PRINTED NAME / DATE	
Received by Destruction Confirmed by	
Forwarder Warehouse Supervisor Operations Manager	
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SIGNATURE OVER PRINTED NAME / DATE SIGNATURE OVER PRINTED NAME / DATE SIGNATURE OVER PRINTED NAME / DA	E]