

		DONATION INBOUND DELIVERY RECEIPT FORM		DIDRF No. 2019-001	
Name of Principal/Institution/Organization PHAPCARES FOUNDATION, INC.		Business Address: OCP, 845 ARNAIZ AVE. MAKATI CITY		PCOCP DND No. 2019-001 DAAF No. 001	
Name of Donor PHAPCARES FOUNDATION, INC.		Contact Person: Jose Joy del Castillo		Date of Pick-up	
		Business Address: OCP, 845 ARNAIZ AVE. MAKATI CITY			
Other Pick-up Instructions:					

PRODUCT DETAILS						
PCOCP Code	Product Description	Quantity	UOM	Lot/Batch No.	Expiration Date (mm/dd/yy)	Remarks
JJooo1	One Touch Ultra Power Kit	9				
Nothing follows						

Prepared by: Administrative Associate Joy Del Castillo <i>Signature over Printed Name / Date</i>	Approved by: Project Manager Dennis Romerick Tuazon <i>Signature over Printed Name / Date</i>	Received by: <i>Signature over Printed Name / Date</i>
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