

NOTICE OF CONTRIBUTION TO PHAPCARES

(NOTE: PLEASE SEND BY FAX OR E-MAIL)

TO : PHAPCARES FOUNDATION,INC.
FROM : COMPANY: GSK
CC : DISTRIBUTOR: Zuellig Pharma
DATE : October, 31 2022

We wish to inform you that the following medicines are available for donation to PHAPCares Foundation, Inc.:

Brand Name	Generic Name	Strength	Dosage Form	Package Size	Qty.	Lot/Batch No.	Expiry Date	Drug Reg. No.	Trade Price *	Total	Status of Medicines (Location and Schedule of Pick-up from Principal)
Testssx	Paracetamol	s	sacxasdwqewasd		311	BX221	10/31/2022	xxxxx	1000	311000	asdasd
Testssx	Paracetamol	s	sacxasdwqewasd		12	BX221	10/31/2022	xxxxx	175.32	2103.84	asdasd
hello	Paracetamol	s	sacxasdwqewasd		12	BX221	10/31/2022	xxxxx	17215.32	206583.84	asdasd

Total P/ 519,687.68

* VALUATION OF DONATED PRODUCTS

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FOR PICK UP 1201 Bliss 1 Bldg 1 Davila St. / Juan Alexis Aldana / +639178954475 / 10/20/2022	FOR DELIVERY 1201 Bliss 1 Bldg 1 Davila St. / Juan Alexis Aldana / +639178954475 / 10/20/2022
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We wish to remind you that these medicines should not be dispensed to the patients after their expiry dates.
Kindly affix your signature below the dotted line to acknowledge receipt of the aforementioned donations in kind.

Thank you.

Juan Dela Cruz
Printed Name & Signature

Tel. Nos.: 09175896241

E-Mail: test@gmail.com

Administrator
Designation

Fax No.: _____

(THIS PORTION TO BE ACCOMPLISHED BY PHAPCARES FOUNDATION)

☒ YES, we accept the foregoing donations. We will call you for further instructions.

☐ NO, we regret we are unable to accept the foregoing donations for the following reasons:

October, 27 2022
Date

Juan Dela Cruz
Printed Name & Signature
PHAPCARES REPRESENTATIVE