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PRODUCT DESTRUCTION REQUEST FORM

PDRF No. 2024-1

Notice To	Date	DAAF No.
ZPC MDI	01/09/202	24
		**
Detail	s of Pick-up Point	
Name of Beneficiary / Donee	*	
21321		
Pick-up Address		
Fugiat praesentium d		
Contact Person	Contact No.	Pick-up Date
In quod in expedita	Repellendus Quas ne	11/08/1985
Other Pick-up Instructions:	-	

Detai	Is of Delivery Point	
Name of Contact Person		
Adipisicing omnis is		
Delivery Address		
Nemo nobis minus lib		
Authorized Recipient	Contact No.	Delivery Date
Debitis molestiae la	Reprehenderit aperia	02/10/2005
Other Delivery Instructions:	•	
Unde voluptatibus iu		

	Details of Stocks for Destruction				
Principal / Company Name	Product Description	Expiration Date	Lot/Batch No.	Qty	
Sanofi	Sonia Stanley Britanni Blanchard Voluptates nostrum a	ርዕሰ/ኗውስ/22024 pro est Fugiat labo	n løslunpta s autem est	1	
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Approved by	Issued by	
PHAPCARES EXECUTIVE DIRECTOR	Beneficiary's Representative	
Dr. Maria Rosarita O. Siasoco		
SIGNATURE OVER PRINTED NAME / DATE	SIGNATURE OVER PRINTED NAME / DATE	
ved by	Destruction Confirmed by	
Warehouse Supervisor	Operations Manager	
CICHATURE OVER PRINTER MANE / DATE	SIGNATURE OVER PRINTED NAME / DATE	
	Dr. Maria Rosarita Q. Siasoco SIGNATURE OVER PRINTED NAME / DATE VED by	