

NOTICE OF CONTRIBUTION TO PHAPCARES

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

TO : PHAPCARES FOUNDATION,INC.
FROM : COMPANY: Astrazenica
CC : DISTRIBUTOR: Zuellig Pharma
DATE : November, 29 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)
c	c	c	c	c	1	c	12/31/2022	DR-7367	1	1	asd
asd	asd	asd	asd	asd	1	asd	12/31/2022	DR-9457	1	1	asd
a	a	a	a	a	1	a	12/31/2022	DR-4407	1	1	a
b	b	b	b	b	1	b	12/31/2022	DR-2401	1	1	b
e	e	e	e	e	1	asdasd	12/31/2022	DR-9485	1	1	e
d	d	d	d	d	1	d	12/31/2022	DR-3053	1	1	d
e	e	e	e	e	1	e	12/31/2022	DR-2551	1	1	e
f	f	f	f	f	1	f	12/31/2022	DR-7335	1	1	f
g	g	g	g	g	1	g	12/31/2022	DR-6332	1	1	g
z	z	z	z	z	1	z	12/31/2022	DR-7868	1	1	z
x	x	x	x	x	1	x	12/31/2022	DR-1649	1	1	x
v	v	v	v	v	1	v	12/31/2022	DR-2043	1	1	v
hello	asdasd	dsad	asasd	asdasd	1	XXS112HG	12/31/2022	DR-1491	1	Total P/ 14.00	sad
hello	asd	asd	asd	asd	1	asd	12/31/2022	DR-2769	1	1	asd

* 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:

December, 20 2022
Date

Juan Dela Cruz
Printed Name & Signature
PHAPCARES REPRESENTATIVE