

PRODUCT DESTRUCTION REQUEST FORM

PDRF No.

9IKYYnOdth

Notice To	Date	DAAF No.
Metro Drug	2023-02-14 15:5	0:47

Details of Pick-up Point				
Name of Beneficiary / Donee				
Jescie Benson				
Pick-up Address				
Voluptatibus fugiat				
Contact Person	Contact No.	Pick-up Date		
Tempora ipsa cupidi	Optio voluptas dele	1988-05-12 00:00:00		
Other Pick-up Instructions:	•			
Est occaecat nobis				

Details of Delivery Point				
Name of Contact Person				
Enim nulla quis anim				
Delivery Address				
Consequuntur dolor o				
Authorized Recipient	Contact No.	Delivery Date		
lure soluta Nam aliq	Sunt voluptatem Sun	2001-05-23 00:00:00		
Other Delivery Instructions:	•			
Minus incididunt por				

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	5		

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]