

**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 :** December, 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) |
|--------------|--------------|----------|-------------|--------------|-------|---------------|-------------|---------------|---------------|--------|---|
| Alaxan Forte | Paracetamol  | 5mg      | 5mg         | asdasd       | 15000 | BX221         | 01/31/2023  | BX221ASG      | 32.33         | 484950 | asdasd  |
| FACE SHIELD  | Paracetamol  | 5mg      | 5mg         | asdasd       | 50000 | BX221         | 10/31/2022  | BX221ASG      | 1.25          | 62500  | asdasd  |
| FACE SHIELD  | Paracetamol  | 5mg      | 5mg         | asdasd       | 50000 | BX221         | 06/28/2023  | BX221ASG      | 1.25          | 62500  | asdasd  |
|              |              |          |             |              |       |               |             |               |               |        |   |
|              |              |          |             |              |       |               |             |               |               |        |   |
|              |              |          |             |              |       |               |             |               |               |        |   |
|              |              |          |             |              |       |               |             |               |               |        |   |
|              |              |          |             |              |       |               |             |               |               |        |   |
|              |              |          |             |              |       |               |             |               |               |        |   |
|              |              |          |             |              |       |               |             |               |               |        |   |

**Total P/ 609,950.00**

\* 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 |
|---|--|

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**