

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 : October, 12 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	asdasd	Provident provident	asd	x	6000	091123	02/28/2023	DR-6292	1	6000	x

Total P/ 6,000.00

* VALUATION OF DONATED PRODUCTS

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FOR PICK UP	Est rerum qui neque / Impedit ex ut lorem / Ex ipsum quae volup / 05/14/2010	FOR DELIVERY	Necessitatibus provi / Saepe beatae unde mo / Velit velit maiore / 01/02/2021
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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.

Admin Clinics

Printed Name & Signature

Tel. Nos.: 099999999 _____

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:

February, 14 2023

Date

Admin Clinics

Printed Name & Signature
PHAPCARES REPRESENTATIVE