

NOTICE OF CONTRIBUTION TO PHAPCARES

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

TO : PHAPCARES FOUNDATION,INC.
FROM : COMPANY: Sanofi
CC : DISTRIBUTOR: Ea repellendus Exce
DATE : September, 29 2018

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)
Evelyn Hughes					3	Non reprehenderit			63	189	
Nissim Compton	Georgia Vance	Voluptatibus quia il	Repellendus Tempora	Esse quo in consuetudine	400	Facilis corrupti mo			66	32340	Quae earum do pariat
Monetary					1				33	33	

Total P/ 32,562.00

* VALUATION OF DONATED PRODUCTS

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FOR PICK UP	Ullam ullamco volupt / Beatae velit ipsam / Consectetur voluptat / 10/28/1989	FOR DELIVERY	Placeat delectus e / Consequatur quia mo / Facilis ullamco id v / 11/30/2006
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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:

February, 06 2024
Date

Juan Dela Cruz
Printed Name & Signature
PHAPCARES REPRESENTATIVE