

PRODUCT DESTRUCTION REQUEST FORM

PDRF No.

92ba7ead-04b8-4db9-l

Notice To	Date	DAAF No.
Metro Drug	2022-11-06 11:46:39	

Details of Pick-up Point				
Name of Beneficiary / Donee				
Graduate Student Council College of Science				
Pick-up Address				
1201 Bliss 1 Bldg 1 Davila St.				
Contact Person	Contact No.	Pick-up Date		
Juan Alexis Aldana	+639178954475	2022-10-12 00:00:00		
Other Pick-up Instructions:				
gweasd				

Details of Delivery Point				
Name of Contact Person				
Juan Alexis Aldana				
Delivery Address				
1201 Bliss 1 Bldg 1 Davila St.				
Authorized Recipient	Contact No.	Delivery Date		
asasadsasas	+639178954475	2022-10-12 00:00:00		
Other Delivery Instructions:				
asd				

Details of Stocks for Destruction					
Principal / Company Name	Product Description	Expiration Date	Lot/Batch No.	Qty	
Astrazenica	FACE SHIELD 2	2022-10-31 00:00:00	BX221	2333	

Approved by	Issued by
PHAPCARES EXECUTIVE DIRECTOR	Beneficiary's Representative
for this are, and	
Dr. Maria Rosarita Q. Siasoco SIGNATURE OVER PRINTED NAME / DATE	SIGNATURE OVER PRINTED NAME / DATE
Received by	
Warehouse Supervisor	Operations Manager
SIGNATURE OVER PRINTED NAME / DATE	SIGNATURE OVER PRINTED NAME / DATE
	PHAPCARES EXECUTIVE DIRECTOR Dr. Maria Rosarita Q. Siasoco SIGNATURE OVER PRINTED NAME / DATE ved by Warehouse Supervisor