**Republic of the Philippines**

**PROVINCE OF SURIGAO DEL SUR**

Capitol Hills, Telaje, Tandag City

Telefax No. (086) 211-3656

**PROVINCIAL SOCIAL WELFARE AND DEVELOPMENT OFFICE**

Date: ${date\_started} Valid Until: ${date\_ended}

Pharmacy: Percy

Sector: ${sector\_type}

Dear Sir/ Ma’am:

The Provincial Social Welfare and Development guarantees to pay the amount of­­­­­­ ${amt\_in\_words} Only Amount in words

${amt} for ${first\_name} ${middle\_name} ${last\_name} resident of ${brgy}, ${municipality}, Surigao del Sur

Name of client Current Address

For\_\_Medicines intended for ${beneficiary} ${relationship}\_\_\_\_\_\_\_\_\_\_\_\_

Type of Assistance Beneficiary of Client Relationship

Please be informed that the check is payable to you company. Should have any quarries, you may call us 214-3656. Thank you for your consideration.

Kinds of Medicine: ${kinds\_of\_med}

Prepared by:

**${created\_by}\_\_**

${designation}

Approved by:

**HERSHE L. NUÑEZ, RSW**

Provincial Social Welfare and Development Officer

**Republic of the Philippines**

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**HERSHE L. NUÑEZ, RSW**

Provincial Social Welfare and Development Officer

**Republic of the Philippines**

**Province of Surigao del sur**

**Tandag City**

**OFFICE OF THE PROVINCIAL SOCIAL WELFARE AND DEVELOPMENT**

**ASSISTANCE SLIP**

**Date:** ${created\_at}

**Name**: ${first\_name} ${middle\_name} ${last\_name}

**Address**: ${brgy}, ${municipality}, Surigao del Sur

**Problem Presented**: ${problem\_present}

**Assistance Needed**: ${assistance\_need}

Prepared by: Noted by:

**${created\_by} HERSHE L. NUÑEZ, RSW**

${designation} Provincial Social Welfare and Development Officer