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**DONACIÓN DE MEDICINA Y SUMINISTROS PARA LAS
 BRIGADAS MEDICAS DE BUENA VOLUNTAD EN LA ECUADOR**

Donado por (Your name): _____

Tub #/Bag: _____

Traido a bordo (airline and flight #): _____

Wgt.: _____

Fecha (Date of arrival): _____

Page #: _____

Cantidad (Quantity)	Nombre de medicina o suplido (Name of medicine or supply)	Descripción (Capsules, Tablets, Packages, mL, etc)	Compañía (Manufacturer)	La fecha de vencimiento (Expiration date)
<i>ex: 12 bottles</i>	<i>Tylenol 500 mg</i>	<i>100 tabs/bottle</i>	<i>McNeil</i>	<i>12/2025</i>

LISTS MUST BE TYPED FOR CUSTOMS OFFICIALS

These medicines and supplies are donations, which shall be used and left at the project site under the supervision of a physician, and are not for commercial purposes.