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

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)	Compañia (Manufacturer)	La fecha de vencimiento (Expiration date)
ex: 12 bottles	*Tylenol 500 mg*	*100 tabs/bottle*	*McNeil*	*12/2025*

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.