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DONATIONS OF MEDICINES AND MEDICAL SUPPLIES FOR USE ON THE MEDICAL PROJECT IN NEPAL

Your name: _____
 Your airline and flight number: _____
 Date of arrival: _____

Tub #/Bag: _____
 Wgt.: _____
 Page #: _____

Quantity	Name of medicine or supply	Description (Capsules, Tablets, Packages, mL, etc)	Manufacturer	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.