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

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.