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

Your name: _____ Tub #/Bag: _____

Your airline and flight number: _____ Wgt.: _____

Date of arrival: _____ 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.