

**SENIOR CITIZEN PURCHASE SLIP BOOKLET**

No. \_\_\_\_\_

Period Covered \_\_\_\_\_

Name of Senior Citizen : \_\_\_\_\_

Address : \_\_\_\_\_

Zip Code : \_\_\_\_\_

Tel. No. (If any) : \_\_\_\_\_

OSCA ID No. : \_\_\_\_\_

Date Issued : \_\_\_\_\_

Place Issued : \_\_\_\_\_

1. This slip must be personally presented to the drugstore together with the senior citizen's OSCA ID card and doctor's prescription before a purchase can be made. In case a Senior Citizen could not personally purchase, he/she should send an authorization letter.
2. Senior Citizen must verify the quality filed shown on invoice and insure that the same quality is entered in the slip.
3. To secure another form with control numbers surrender this used form to your respective OSCA (Office of the Senior Citizen's Affairs).
4. Report loss of form to your respective OSCA for immediate replacement.

Issued and Approved by:

**FRANCISCO CAJES**

OSCA Chairman

\_\_\_\_\_  
Signature/Thumb mark of the  
Senior Citizen

\_\_\_\_\_  
TRINIDAD, BOHOL

