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| ***LISTA DE EQUIPOS DE INTERNAMIENTO TEMPORAL*** | | |
| (List of medical equipment or tools that the team plans to temporarily bring into Peru) | | |
| **NOMBRE (name)** | **CANTIDAD (quantity)** | **VALOR APROXIMADO**  (approx. value in US$) |
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|  | **TOTAL** |  |

**Peru Mission Short-term Medical Mission**

**Medical Instrument Temporary Entry List**

Date of arrival in Peru (day/month/year):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church or Organizational sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Leader:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_