BRUDIFARMA

Grupo BRULUART
División Comercial

# Formato de Rechazo

**FECHA:** 02-dic-2022

**CLIENTE / SUCURSAL:** SANCHEZ MOLINA

**MOTIVOS DEL RECHAZO:** 1. Corta caducidad, 2. Producto maltratado, roto o mojado 3. Producto no solicitado, 4. Otros.

| MATERIAL | NOMBRE Y PRESENTACIÓN | CANTIDAD | LOTE | NO. FACTURA | MOTIVO DEL RECHAZO | N° 84 |
|---|---|---|---|---|---|---|
| **509456** | PAÑAL KLEENBEBE ABSORSEC CH ETAPA 2 | 1 | PI219706 | F0109872622 | 2 | 84051705 |
| **508584** | CEFALOTINA SOL INY C/1 1GR | 1 | J22J035 | F0109872621 | 2 | 84051706 |
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**NOMBRE Y FIRMA OPERADOR:** ALBERTO SALAZAR