BRUDIFARMA

Grupo BRULUART
División Comercial

# Formato de Rechazo

**FECHA:** 10-mar-2023

**CLIENTE / SUCURSAL:** PHARMA SELECT

**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 |
|---|---|---|---|---|---|---|
| **500139** | TRIXONA INY IM 1 GR. | 25 | 301122 | 109918233 | 2 | |
| **507999** | AFLENO INF SUS C/120 ML 100 MG/5 ML | 3 | 3010069 | 109918234 | 2 | |
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**NOMBRE Y FIRMA OPERADOR:** RODRIGO NUÑEZ