BRUDIFARMA

Grupo BRULUART
División Comercial

# Formato de Rechazo

**FECHA:** 24-abr-2023

**CLIENTE / SUCURSAL:** FARMALIVE

**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 |
|---|---|---|---|---|---|---|
| **506732** | CEFAGEN 500 MG C/10 TAB | 104 | 229142 | 109928867 | 4 | 84052315 |
| **508619** | LEVONORGESTREL TAB C/1 1.5 MG | 2,600 | 2LH211A | 109928868 | 4 | 84052316 |
| **501802** | DISTENTAL 100 MG. C/14 TAB. | 560 | 2J22035 | 109928868 | 4 | 84052316 |
| **502696** | ROSEL CAPS C/24 | 1,280 | 230271 | 109928868 | 4 | 84052316 |
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**NOMBRE Y FIRMA OPERADOR:** EDUARDO MORENO