

PROGRAMA DE MEDICAMENTOS ENSENCIALES/ CENTRAL DE APOYO LOGÍSTICO



promesecal-daf-cm-2021-0063

**No. EXPEDIENTE**

**SNCC.F.056**

formulario de entrega de muestras

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**Nombre del Oferente:**

Fecha:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No**. | **Código** | **Descripción** | **Unidad** **medida** | **Muestra Entregada[[1]](#footnote-1)** | **Observaciones[[2]](#footnote-2)** |
| 1 | N/A |  |  |  |  |
| 2 | N/A |  |  |  |  |
| 3 | N/A |  |  |  |  |
| 4 | N/A |  |  |  |  |
| 5 | N/A |  |  |  |  |
| 6 | N/A |  |  |  |  |
| 7 | N/A |  |  |  |  |
| 8 | N/A |  |  |  |  |
| 9 | N/A |  |  |  |  |
| 10 | N/A |  |  |  |  |
| 11 | N/A |  |  |  |  |
| 12 | N/A |  |  |  |  |
| 13 | N/A |  |  |  |  |
| 14 | N/A |  |  |  |  |

Firma\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sello

1. Marcar con una x. [↑](#footnote-ref-1)
2. Uso exclusivo de la Entidad Contratante. [↑](#footnote-ref-2)