**Formulario RECEPCIÓN de muestras**

Fecha: \_\_\_/\_\_\_/\_\_\_\_\_\_

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**NOMBRE DEL OFERENTE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Renglón No.** | **Código** | **Descripción** | **Unidad de**  **medida** | **Muestra Entregada** | **Observaciones** |
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Sello

(Persona o personas autorizadas a firmar en nombre del Oferente)