

EMPRESA: *Plus Solutions Perú Spa*

FECHA OPERACIÓN: *27-12-21*

N° REQUERIM. *0000-988*

RUC:

TURNO:

DIA

LUGAR OPERACIÓN:

Producebres

| ITEM | DESCRIPCIÓN DE LA OPERACIÓN | CANTIDAD ENTREGADA | | PRESENTACION | SKU | DESCRIPCIÓN SKU | LATA | | ETIQUETA | | CLIENTE DESTINO | N° PERSONAS | HORA INICIO | | FALTANTE O DAÑADO POR SERVICE | OK |
|------|-----------------------------|--------------------|-----------|--------------|-----|-----------------|--------|-------|----------|---------------|-----------------|-------------|--------------|--------------|-------------------------------|----|
| | | ENTREGADO | TRABAJADO | | | | CODIGO | FECHA | MARCA | R.S. ETIQUET. | | | INICIO | FINIAL | | |
| 1 | <i>Apoyo Almacén</i> | | | | | | | | | | | <i>01</i> | <i>06:00</i> | <i>18:00</i> | | |
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| 17 | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | |

OBSERVACIONES:

| | NOMBRE | FIRMA |
|----------------------------|-----------------------|--------------------|
| ASIST. ALMACEN: | <i>Miguel Aguirre</i> | <i>[Signature]</i> |
| SUPERVISOR / JEFE ALMACEN: | <i>Miguel Aguirre</i> | <i>[Signature]</i> |
| CALIDAD: | | |
| REPRESENTANTE SERVICE: | <i>Diogenes Hobbs</i> | <i>[Signature]</i> |