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| **Załącznik Nr 4** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *do wniosku nr* | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| **ZATWIERDZAM** | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | |
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| **WNIOSEK o REKLAMACJĘ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwa Obiorcy: | | | | |  | | | | | | | | | | | Magazyn: | | | | | |  | | | | | | | | | | |
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| Dostawca: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Umowa nr: | | | | |  | | | | | | | | | | | | | | z dnia: | | | | | |  | | | | | | | |
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| Data dostawy do magazynu: | | | | | | | | | | | | | |  | | | | | | | | | | | godz.: | |  | | | | | |
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| Data stwierdzenia nieprawidłowości w dostawie: | | | | | | | | | | | | | |  | | | | | | | | | | | godz.: | |  | | | | | |
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| Nazwa produktu reklamowanego: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ilość reklamowana: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Producent: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Wyrób reklamowany pochodzi z partii dostawczej nr: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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|  | | **PRZYCZYNA REKLAMACJI** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **a.** | | ***dotycząca podejrzenia środka spożywczego o jego niewłaściwą jakość podczas dostawy***: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Odmowa przyjęcia towaru: | | | | | |  | | **TAK** | | | | |  | **NIE\*** | | | | | | | | | | | | | | | | |
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|  | | Żądanie wymiany: | | | | | |  | | **TAK** | | | | |  | **NIE\*** | | | | | | | | | | | | | | | | |
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|  | | Rezygnacja z wymiany: | | | | | |  | | **TAK** | | | | |  | **NIE\*** | | | | | | | | | | | | | | | | |
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| **b.** | | ***dotycząca opakowania i oznakowania***: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *(Szczegółowy opis) \** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Odmowa przyjęcia towaru: | | | | | |  | | **TAK** | | | | |  | **NIE\*** | | | | | | | | | | | | | | | | |
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|  | | Żądanie wymiany: | | | | | |  | | **TAK** | | | | |  | **NIE\*** | | | | | | | | | | | | | | | | |
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|  | | Rezygnacja z wymiany: | | | | | |  | | **TAK** | | | | |  | **NIE\*** | | | | | | | | | | | | | | | | |
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| **c.** | | ***dotycząca realizacji / warunków transportu***: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *(Szczegółowy opis) \** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Odmowa przyjęcia i żądanie dostarczenia transportem zgodnym z wymogami: | | | | | | | | | | | | | | | | | | | | | | | | |  | | **TAK** | |  | **NIE\*** |
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|  | | Rezygnacja z dostarczenia transportem zgodnym z wymogami: | | | | | | | | | | | | | | | | | | | | | | | | |  | | **TAK** | |  | **NIE\*** |
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| **d.** | | ***dotycząca realizacji niepełnej dostawy***: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Żądanie dostarczenia brakującej części dostawy: | | | | | | | | | | | | | | |  | | | **TAK** | | | |  | | **NIE\*** | | | | | | |
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|  | | Brak realizacji brakującej części dostawy: | | | | | | | | | | | | | | |  | | | **TAK** | | | |  | | **NIE\*** | | | | | | |
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| **e.** | | ***dotycząca terminowości dostaw***: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *(Szczegółowy opis) \** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Data i dokładna godzina dostawy: | | | | | | | | | | | | | |  | | | | | | | | | | | godz.: | |  | | | | | |
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|  | | Odmowa przyjęcia towaru: | | | | | |  | | **TAK** | | | | |  | **NIE\*** | | | | | | | | | | | | | | | | |
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| Data braku dostawy: | | | | | | | | | | | | | |  | | | | | | | | | | |  | |  | | | | | |
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| **f.** | | ***dotycząca wad jakościowych ukrytych środka spożywczego stwierdzonych podczas jego magazynowania***: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *(Szczegółowy opis) \** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | W dniu: | |  | | | godz.: | | |  | | | powiadomiono Wojskowy Ośrodek Medycyny Prewencyjnej | | | | | | | | | | | | | | | | | | | |
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|  | | Czynności podjęte przez WOMP: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **DODATKOWE INFORMACJE**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ZAŁĄCZNIKI:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. | Kopia złożonego zamówienia do Wykonawcy: | | | | | | | | | | | | | |  | | | | | z dn. | | |  | | | | | - na | |  | | ark. |
| 2. | Kopia faktury VAT nr: | | | | | | | | | | | | | |  | | | | | z dn. | | |  | | | | | - na | |  | | ark. |
| 3. | Kopia deklaracji zgodności / HDI nr: | | | | | | | | | | | | | |  | | | | | z dn. | | |  | | | | | - na | |  | | ark. |
| 4. | Fotografia: | | | | | | | | | | | | | |  | | | | | z dn. | | |  | | | | | - na | |  | | ark. |
| 5. | Inne: | | | | | | | | | | | | | |  | | | | | z dn. | | |  | | | | | - na | |  | | ark. |
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| *\* - wypełnić właściwe punkty odnosząc się do szczegółowego opisu przedmiotu zamówienia i zapisów umowy* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |