**SOLICITUD DE ENTREGA DE CONTRAETIQUETAS DOP AZAFRÁN DE LA MANCHA**

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| NOMBRE OPERADOR |  |
| Nº OPERADOR |  |

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| **CAMPAÑA** | **KG AZAFRAN** | **ENVASES** | | **MARCAS A USAR** | **Nº ETIQUETAS SOLICITADAS** |
| **CAPACIDAD** | **Nº** |
|  |  |  |  |  |  |

En \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a \_\_\_\_ de \_\_\_\_\_\_\_\_\_\_ de 20

Fdo.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_