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| --- | --- |
| Contact Name: | NYA KINDLEY |
| Phone/Fax Number: |  |
| Email Address: | [NKINDLEY@UNITED-MEDICALCENTER.COM](mailto:NKINDLEY@UNITED-MEDICALCENTER.COM) |
| PO Number: | 4229660992 |
| Sales Order #: | 5009560423 |
| Delivery #: | 786827313744/786852215940 |
| Invoice #: | 9112040261 |
| Type of Claim: | Shortage |
| Issue: | None |
| Expected Resolution: | CREDIT |
| Comments: | SHORTAGE/CREDIT REQUEST |
|  |  |
| Material 1: | 256041 |
| QTY and UOM: | 11 ea |
| Lot: |  |
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