

**Cardinal Health**  
**Medical Distribution**  
**PO Box 982279**  
**El Paso, TX 79998-2279**

**Supplier Relations Contact:**  
**Supplier Relations - Medical**  
**Email: gmb-FSSW-SupplierRequest@cardinalhealth.com**  
**Phone: (800) 903-6343**  
**Fax: (855) 749-4976**



## Quantity Deduction Notification

**Pay to Number:** 0000600993

**Original Reference:** 9111592579

**Reference Date:** 08/02/23

**Purchase Order Number:** 4531569035

**Plant:** D269

BECTON DICKINSON

MC020 HOWE BLDG 1 BECTON DRIVE

FRANKLIN LAKES, NJ 07417-1884

Accounts Receivable

**Please make adjustments for the following quantity deduction that has been posted against your account:**

**Deduction Date:** 08/29/23

**Deduction Number:** 5100435022

**Deduction Amount:** (\$24,003.77)

**Deduction Reference:** 9111592579Q01

Material	Quantity	UOM	Unit Amount	Extended Amount
4403A	-4	CS	(\$114.00)	(\$456.00)
4406	-9	CS	(\$150.71)	(\$1,356.39)
4412A	-1	CS	(\$259.20)	(\$259.20)
930400	-36	CS	(\$131.88)	(\$4,747.68)
930700	-2	CS	(\$453.65)	(\$907.30)
930725	-5	CS	(\$485.30)	(\$2,426.50)
930800	-1	CS	(\$211.00)	(\$211.00)
930815	-60	CS	(\$222.87)	(\$13,372.20)
960120	-2	CS	(\$133.75)	(\$267.50)

In order to facilitate timely resolution, please submit any Quantity Deduction inquiries or disputes to the Medical Direct Accounts Payable Department - Supplier Relations Contact listed above. All disputes must be accompanied by a Proof of Delivery to enable further research. All disputes should be submitted within 90 days of the payment deduction. Disputes received after 90 days may be denied. Thank you.