Download

Share

Public Link



X

▾

9109165801 01/19/2022 12/16/2021

4125940665

12/13/2021

6066

Case Walmart 1001000236

Populate Invoice Details from ERP

Submit for Approval

>

New - Unassigned

Working

Solution Pending

Closed

Status: Closed

Mark Status as Complete

WALMART, INC. NOTIFICATION OF CLAIM

109447 BECTON DICKINSON & CO Supplier: Supplier Name: PO BOX 223027

NEWARK DE, DE 19702-0000

Carrier:

Pro #:

Billed Not Shipped ITEM # DESCRIPTION
4055548 BILLED NOT SHIPPED INV LN# ITEM # PER UNIT COST

Warehouse Allowance INV LN# ITEM # DESCRIPTION
0 0 warehouse allowance

PER UNIT COST -29.9400 ACCOUNTS PAYABLE ******
BENTONVILLE, AR 72716-8003 *****

DEDUCTION CODE 22 MERCHANDISE BILLED NOT SHIPPED

INV COST (EACH) RCV LN# ITEM # DESCRIPTION

-18.1200 2 4055548 BILLED NOT SHIPPED 160.00 UOM: CLAIM QTY

DEDUCTION CODE 54 WHSE ALLOWANCE
INV COST (EACH) RCV LN# ITEM # DESCRIPTION -29.9400 0 0 CLAIM QTY

1.00 UOM:

Invoice Date: PO #: PO #: Whse #: PO Type: Dept #: PO Date: Auth # :

Claim Type: Reconciliation Claims

RCVR # 105105

RCV COST (EACH) EXTENDED CLAIM AMOUNT

-2,899.20 RCVR # 105105 RCV COST (EACH)

0.0000 EXTENDED CLAIM AMOUNT -29.94

Claim entered through SOE

BILLED RECEIVED TOTAL COST FOR CLAIM

CA

324.00 Case 164.00 Case -2,929.14

PRINT IN LANDSCAPE FORMAT TO SEE ALL THE DATA

Comment

Cynthia Araiza (/lightnin... June 22, 2023 at 9:12 AM (/lig... (/lightning/r/0058a00000Ka8bgAAB/vi-w)To: Rose Paez (/lightning/r/0030L00001mSzlGQAS/...



5008a00002ERIZIAA1_830 review attachment. 1.JPG **BD** Claims

BD letterhead Logo

Dear Valued Customer,

Your request with case number 03581479 has been denied for/ because of <No indication of short shipment>. This request is now closed.

If you have further questions or concerns, please reply to this email or raise a dispute from Customer Care portal.

Thank you, BD

W A L M A R T, I N C. NOTIFICATION OF CLAIM

| > | | | | | ********** | | | Claim # : | | 9109165801 |
|------------------|--|-----------------------|----------------|--|-----------------|-------------|-----------------|--------------|-----------------------|------------|
| Supplier: 109447 | | | | | | | | Claim Date: | | 01/19/2022 |
| Supplier Name: | | BECTON DICKINSON & CO | | | CLAIM | | | Invoice Date | ii: | 12/16/2021 |
| | | | | | | | | PO #: | | 4125940665 |
| PO BOX 223027 | | | | ** THIS FORM WILL SERVE AS A NOTIFICATION ** Whee #: | | | | | | 6066 |
| | | | | ** OF DEDUCTION ON A REMITTANCE. ** PO Type: | | | | | | 20 |
| NEWARK | DE, DE 1 | 9702-0000 | | ******* | | ****** | | Dept #: | | 0040 |
| | | | _ | | PLEASE SEND COR | | TO: | PO Date: | | 12/13/2021 |
| Carrier: | 534 | | Pro #: | | | | | Auth # : | | |
| Fob pt: | | il . | | | ACCOUNTS PAYAB | | | Claim Type: | Reconciliation Claims | |
| | | | | | BENTONVILLE, A | | | | | |
| | ************************************** | | | | | | | | | |
| Billed Not | Shipped | | DEDUCTION CODE | . 22 | MERCHANDIS | E BILLED NO | T SHIPPED | | RCVR # 105105 | |
| INV LN# | ITEM # | DESCRIPTION | INV COST | (EACH) | RCV LN# | ITEM # | DESCRIPTION | | RCV COST (EACH) | |
| 1 | 4055548 | BILLED NOT SHIPPED | | -18. | 1200 2 | 4055548 | BILLED NOT SHIP | PED | 0.0000 | |
| PE | R UNIT COS | -18.1200 | CLAIM QTY | | 160.00 | UOM: | CA | | EXTENDED CLAIM AMOUNT | -2,899.20 |
| Warehouse A | llowance | | DEDUCTION CODE | 54 | WHSE ALLOW | ANCE | | | RCVR # 105105 | |
| INV LN# | ITEM # | DESCRIPTION | INV COST | (EACH) | RCV LN# | ITEM # | DESCRIPTION | | RCV COST (EACH) | |
| 0 | 0 | warehouse allowance | | -29. | 9400 0 | 0 | warehouse allow | ance | 0.0000 | |
| | R UNIT COS | T -29.9400 | CLAIM QTY | | 1.00 | UOM: | CA | | EXTENDED CLAIM AMOUNT | -29.94 |

Claim entered through SOE

324.00 Case RECEIVED 164.00 Case TOTAL COST FOR CLAIM

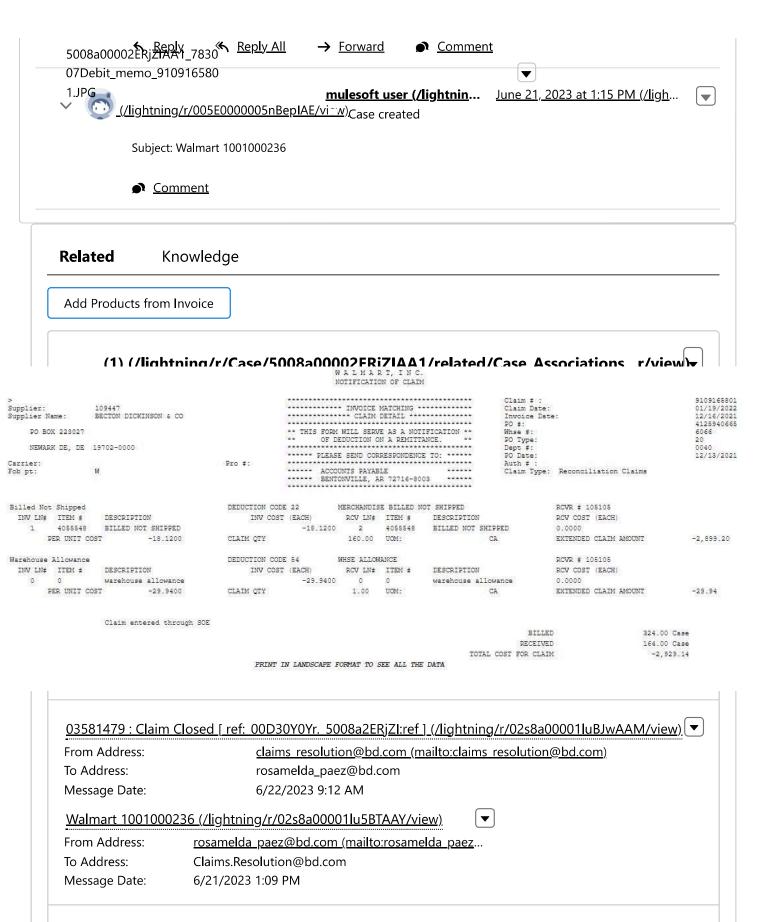
-2,929.14

PRINT IN LANDSCAPE FORMAT TO SEE ALL THE DATA



<u> (/ɪɪgnɪning/ɪ/ບບວະບບບບບວກອະຍຸເລະ/vi>ˈ//</u>/To: Claims.Resolution 🕕





<u>View All</u>

(<u>/lightning/r/Case/5008a00002ERjZIAA1/related/EmailMessages/view)</u>

•

WALMART, INC NOTIFICATION OF CLAIM 9109165801 109447 BECTON DICKINSON & CO Supplier Name: Invoice Date: PO #: 4125940665 Whse #: PO Type: Dept #: PO Date: PO BOX 223027 ** THIS FORM WILL SERVE AS A NOTIFICATION ** 6066 NEWARK DE, DE 19702-0000 ***** PLEASE SEND CORRESPONDENCE TO: ***** 12/13/2021 Pro #: ACCOUNTS PAYABLE ******
BENTONVILLE, AR 72716-8003 ***** Claim Type: Reconciliation Claims DEDUCTION CODE 22 MERCHANDISE BILLED NOT SHIPPED

INV COST (EACH) RCV LN# ITEM # DESCRIPTION

-18.1200 2 4055548 BILLED NOT SHIPPED

CLAIM CTY 160.00 UCM: CA Billed Not Shipped RCVR # 105105 iiled Not Shipped

INV LN# ITEM # DESCRIPTION

1 4055548 BILLED NOT SHIPPED

PER UNIT COST -18.1200 RCV COST (EACH) CLAIM QTY EXTENDED CLAIM AMOUNT -2,899.20 DEDUCTION CODE 54 WHSE ALLOWANCE

INV COST (EACH) RCV LN# ITEM # DESCRIPTION

-29.9400 0 0 warehouse allowance
1 00 UCM: CA Warehouse Allowance arehouse Allowance
INV LN# ITEM # DESCRIPTION
0 0 warehouse allowance
-29.9400 RCVR # 105105 RCV COST (EACH) 0.0000 PER UNIT COST -29.9400 EXTENDED CLAIM AMOUNT -29.94

Claim entered through SOE

BILLED 324.00 Case
RECEIVED 164.00 Case
TOTAL COST FOR CLAIM -2,929.14

PRINT IN LANDSCAPE FORMAT TO SEE ALL THE DATA

Date: 6/22/2023 9:13 AM

Field: Status

User: <u>Cynthia Araiza (/lightning/r/0058a00000Ka8bgAAB/view)</u>

Original Value: Working
New Value: Closed

View All (/lightning/r/Case/5008a00002ERjZIAA1/related/Histories/view)

Open Activities

5008a00002ERjZIAA1_7830 07Debit_memo_910916580 1.JPG



Activity History

W A L M A R T, I N C. NOTIFICATION OF CLAIM

Claim # : Claim Date: Invoice Date: 9109165801 01/19/2022 12/16/2021 Supplier: 109447 Supplier Name: BECTON DICKINSON & CO PO #: 4125940665 Whse #: PO Type: Dept #: PO Date: PO BOX 223027 6066 NEWARK DE, DE 19702-0000 12/13/2021 Carrier: Fob pt: Pro #: Auth # : Claim Type: Reconciliation Claims DEDUCTION CODE 22 MERCHANDISE BILLED NOT SHIPPED

INV COST (EACH) RCV LN# ITEM # DESCRIPTION

-18.1200 2 4055548 BILLED NOT SHIPPED

CLAIM QTY 160.00 UCM: CA Billed Not Shipped RCVR # 105105 ITEM # DESCRIPTION
4055548 BILLED NOT SHIPPED INV LN# ITEM # RCV COST (EACH) 1 4055546 -PER UNIT COST 0.0000 EXTENDED CLAIM AMOUNT -18.1200 CLAIM QTY -2,899.20 Warehouse Allowance RCVR # 105105 INV LN# ITEM # DESCRIPTION
0 0 warehouse allowance RCV COST (EACH) 0.0000 warehouse allowance PER UNIT COST -29.9400 CA EXTENDED CLAIM AMOUNT -29.94

Claim entered through SOE

 BILLED
 324.00 Case

 RECEIVED
 164.00 Case

 TOTAL COST FOR CLAIM
 -2,929.14

PRINT IN LANDSCAPE FORMAT TO SEE ALL THE DATA



5008a00002ErjZIAA1_7830 07DebliasenStatus History 1.JPG



W A L M A R T, I N C. NOTIFICATION OF CLAIM

Claim # : Claim Date: Invoice Date: 91091 Supplier: 109447 Supplier Name: BECTON DICKINSON & CO PO #: 412594 PO #:
Whise #:
PO Type:
Dept #:
PO Date:
Auth #:
Claim Type: Reconciliation Claims PO BOX 223027 6066 NEWARK DE, DE 19702-0000 12/13/2021 Carrier: Fob pt: Pro #: +---- ACCOUNTS PAYABLE +---- BENTONVILLE, AR 72716-8003 +----| DEDUCTION CODE 22 | MERCHANDISE BILLED NOT SHIPPED | | INV COST (EACH) | RCV LN# | ITEM # DESCRIPTION | -18.1200 | 2 4055548 | BILLED NOT SHIPPED | CLAIM QTY | 160.00 | UOM: CA Billed Not Shipped RCVR # 105105 ITEM # DESCRIPTION
4055548 BILLED NOT SHIPPED INV LN# ITEM # RCV COST (EACH) 1 4055546 PER UNIT COST 0.0000 -18.1200 CLAIM QTY EXTENDED CLAIM AMOUNT -2,899.20 DEDUCTION CODE 54 WHSE ALLOWANCE

INV COST (EACH) RCV LN# ITEM #

-29.9400 0 0

CLAIM QTY 1.00 UCM: Warehouse Allowance RCVR # 105105 INV LN# ITEM # DESCRIPTION
0 0 warehouse allowance DESCRIPTION RCV COST (EACH) warehouse allowance 0.0000 PER UNIT COST -29.9400 CA EXTENDED CLAIM AMOUNT -29.94

Claim entered through SOE

BILLED 324.00 Case

RECEIVED 164.00 Case

TOTAL COST FOR CLAIM -2,929.14

PRINT IN LANDSCAPE FORMAT TO SEE ALL THE DATA