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: 9110941132

Reference Date: 02/15/23 BECTON DICKINSON

Purchase Order Number: 4531238173 MC020 HOWE BLDG 1 BECTON DRIVE

Plant: D055 FRANKLIN LAKES, NJ 07417-1884

Accounts Receivable

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

Deduction Date: 03/14/23 **Deduction Number:** 5101290086

Material	Quantity	UOM	Unit Amount	Extended Amount
305609	-6	CS	(\$168.40)	(\$1,010.40)
363083	-3	CS	(\$240.90)	(\$722.70)
36490200	-31	CS	(\$188.10)	(\$5,831.10)
368607	-8	CS	(\$216.48)	(\$1,731.84)
368608	-4	CS	(\$216.24)	(\$864.96)
371073	-5	CS	(\$362.67)	(\$1,813.35)
381544	-2	CS	(\$374.00)	(\$748.00)
B2953-1	-13	CS	(\$402.50)	(\$5,232.50)
B2953-12	-13	CS	(\$248.20)	(\$3,226.60)
B2953-60	-2	CS	(\$411.90)	(\$823.80)
B2975-12	-2	CS	(\$158.98)	(\$317.96)
B2975-51A	-6	CS	(\$93.98)	(\$563.88)
B3036-14	-7	CS	(\$283.86)	(\$1,987.02)
B3036-16A	-1	CS	(\$283.86)	(\$283.86)
B3036-21	-8	CS	(\$284.04)	(\$2,272.32)
BC371163	-2	CS	(\$232.98)	(\$465.96)
BF302832	-46	CS	(\$91.84)	(\$4,224.64)
BF305165	-2	CS	(\$90.00)	(\$180.00)
BF305197	-1	CS	(\$141.00)	(\$141.00)
BF305344	-3	CS	(\$133.68)	(\$401.04)

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.

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: 9110941132

Reference Date: 02/15/23 BECTON DICKINSON

Purchase Order Number: 4531238173 MC020 HOWE BLDG 1 BECTON DRIVE

Plant: D055 FRANKLIN LAKES, NJ 07417-1884

Accounts Receivable

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

Deduction Date: 03/14/23 **Deduction Number:** 5101290086

Material	Quantity	UOM	Unit Amount	Extended Amount
BF305435	-24	CS	(\$78.20)	(\$1,876.80)
BF305436	-3	CS	(\$93.60)	(\$280.80)
BF305464	-1	CS	(\$176.40)	(\$176.40)
BF305517	-8	CS	(\$120.20)	(\$961.60)
BF305616	-1	CS	(\$140.64)	(\$140.64)
BF309620	-12	CS	(\$163.20)	(\$1,958.40)
BF30962812	-2	CS	(\$362.40)	(\$724.80)
BF309695	-1	CS	(\$133.60)	(\$133.60)
BF366592	-1	CS	(\$477.60)	(\$477.60)
BF383539	-1	CS	(\$454.40)	(\$454.40)

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.