

Your team's investigation has been requested on the following claim. Please review and respond with your results within 4 working days. Please do not change the subject of this email so the system is able to associate your investigation response appropriately.

Investigation Request Notes: Please validate shortages provide BOL,POD, Item-305902,309575, UOM-7CAS,1CAS, Shipment 7115933978 ,Outbound Delivery 6028827664, Claim value-\$1,193.8

Case #: 05110275

Priority : Low

Order #: 5009423577

PO #: 33131956

PO Date: Mon Oct 16 00:00:00 GMT 2023

Invoice #: 9016161873

Invoice Date: Thu Dec 14 00:00:00 GMT 2023

Ship-To: Mckesson Medical Surgical 21

Ship-To ERP Account Number: 1001633237

Ship-To ERP Account Name: MCKESSON MEDICAL SURGICAL #21

Ship-To ERP Account Address: 12999 WILFRED LN N STE 100

Ship-To ERP City State: ROGERS, MN

Ship-To ERP Account Zip Code: 55374

Sold-To: Mckesson Medical Surgical 21

Sold-To ERP Account Number: 1001633238

Sold-To ERP Account Name: MCKESSON MEDICAL SURGICAL #21

Sold-To ERP Account Address: PO BOX 4059

Sold-To ERP City State: DANVILLE, IL

Sold-To ERP Account Zip Code: 61834

Delivery Document Number/Packing Slip: 6028827664

Contact: MMS Accounts Payable Team

Claim Reason: Shortage

Description of Claim: SHORTAGE

Products and Serial/Lot Numbers

Product Number	Product	Quantity	UOM	Batch/Lot	Amount	Expected Price
305902	NEEDLE SFTYGLD 23X1 RB	7.0	CS	3319274	1085.0	
309575	SYRINGE 3ML LL W/NDL 21X1 RB	1.0	CS	3324774	108.8	