

## Cardinal Health, P.R. 120, Inc.

Centro Internacional de Distribucion Road 165 Km. 2.4 Building #10 Local A Guaynabo PR 00965-6211

Main Fax: (787) 625-4398 Main Phones: (787) 625-4100 ASSMCA:MA-00260-0 DEA:RB0374683 HEALTH MQ:D-000711 HEALTH Rx:D-000710

C	L	Α	ı	١

MG8827702

To Invoice 111718678

From Purchase Order

EAA7-2409560

DATE

09/07/2023

Page / Of

1/1

**FOLLOW-UP** 

Date:

**Autorized Signature:** 

Invoice information:

Total Freight

Tax Receiving:

3494.7

35022

31527.3

0

0

Claim

Fax: 800-804-7489

**BECTON DICKINSON ANESTH** 

FRANKLIN LAKES NJ 07417-1880

1 BECTON DRIVE MC020

Sent to:

001822

Acc No. DEA#:

NDC Code	Lote	Exp.	Product Description Claim Reason	Prod# Unit	Receiving Detail Invoice Detail	Detail Total	Claim Total
40567-1	0001516	3250625	TRAY SPINAL WHIT 25G 3.5 L-D-E	69120	39 317.70	12390.30	
405671			Rejected 9 Quartity Difference	CS10	50 317.70	15885.00	3494.70
			4				

	_	_		
Co	177	m	nte	

10/18/2023 BROKEN>69120 TRAY SPINAL WHIT 25G 3.5 L-D-E QTY#9

Supplier Information: Please, Sign and Return by Fax		
Name :	Sign :	Date :
Credit# :	CredAmnt : \$	RGA# :
		Invoice Claim Total 3,494.70

We have found the following discrepancies on above reference invoice. Directly below each item we have indicated the reason for our rejection. Please review this debit amount will automatically be deducted from your invoice at the time of payment if we have not recieved from you an appropiate credit memo. Please reference on your credit memo your invoice number and our purchase order number and/or claim number.