Your teams 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: SHORT 576 EA OF ITEM#236850 $7303.68 OB DEL#6025759857 SHIPMENT#7115077257

Case #: 02941019

Priority : High

Order #: 5008166884

PO #: 063482805

PO Date: Wed Nov 02 00:00:00 GMT 2022

Invoice #: 9013709359

Invoice Date: Mon Nov 07 00:00:00 GMT 2022

Ship-To: AmerisourceBergen

Ship-To ERP Account Number: 1001179334

Ship-To ERP Account Name: AMERISOURCE BERGEN CORP (VISTA) AMERISOURCE BERGEN DRUG CORPORATION

Ship-To ERP Account Address: 10910 LEE VISTA BLVD STE 401

Ship-To ERP City State: ORLANDO, FL

Ship-To ERP Account Zip Code: 32829

Sold-To: AmerisourceBergen

Sold-To ERP Account Number: 1001179490

Sold-To ERP Account Name: AMERISOURCE BERGEN CORP

Sold-To ERP Account Address: 10910 LEE VISTA BLVD STE 401

Sold-To ERP City State: ORLANDO, FL

Sold-To ERP Account Zip Code: 32829

Delivery Document Number/Packing Slip: 6025759857

Contact: Amerisource Accounts Payable

Claim Reason: Shortage

Description of Claim: EXTERNAL EMAIL - Use caution opening attachments and links. Enclosed please find credit request for a shortage claim. If you have any questions concerning the detail attached please contact [abcvendorservices@amerisourcebergen.com<mailto:abcvendorservices@amerisourcebergen.com](mailto:abcvendorservices@amerisourcebergen.com%3cmailto:abcvendorservices@amerisourcebergen.com)>. Please remit credit issued for this claim to: AmerisourceBergen Attn: Accounts Payable PO Box 247 Thorofare NJ 08086

Products and Serial/Lot Numbers

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Product Number** | **Product** | **Batch/Lot** | **Amount** | **Expected Price** |
| 236850 | Bottle Lactinex Tabletss 50 Ea | 2206560 | 7303.68 |  |