

Accepting Packing Slips


- Upon receipt of the order, verify the shipping address to ensure it is meant for your clinic.
- Review the *Quantity Ordered* (pink), *Shipped* (purple), and *To Follow* (yellow) columns.
 - Only the *Shipped* (purple) items can be counted as received.
 - The *To Follow* column (yellow) shows the quantity that has not yet shipped; be on the lookout for additional boxes.
- Verify the number of items received under *Shipped* (purple) with a check mark and document any discrepancies on the slip.
- Use the stamp provided by the state office and print your name, write the date received, document quantity received, and sign.

Tips:

- ✓ Do not check-in another order with a separate order's packing slip; we will send it back to you.
- ✓ Report any discrepancies to the State office within **2 days of order receipt**
- ✓ Please ensure you find the packing slip for the order and send to us within **2 days** of receipt. If there is no packing slip, please email or call us so we can get you the correct packing slip ASAP:
 - ✓ Email: WICBF@health.nv.gov
 - ✓ Phone: 775-684-5942
 - ✓ Please do **not** send packing slips to multiple emails.
 - ✓ If you have questions, please call or email us- we are here to support.

Thank you!!

PACKING SLIP
 PRINT DATE: 11/01/2022
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MCKESSON

SHIP TO: CLINIC 206 DECATUR 5085 W SAHARA AVE STE 134 LAS VEGAS, NV 89146-3408	61204541	BILL TO 20105731 STATE OF NEVADA WIC DPBH FISCAL/WIC 4150 TECHNOLOGY WAY STE 300 CARSON CITY, NV 89706	SHIPPED FROM: MCKESSON MEDICAL-SURGICAL INC 16043 EL PRADO AVENUE CHINO, CA 91708				
CUST P.O. NUMBER: 321423-29 ORDERED BY: E285OVR		INVOICE NUMBER: 19996503 ORDER NUMBER: 78966980 SO ORDER DATE: 10/19/2022	SHIPPED FROM LICENSE: WH01100				
<small>SOLD BY: MCKESSON MEDICAL-SURGICAL GOVT SOLUTIONS 9954 MAYLAND DR. STE. 5176 HENRICO, VA 23233 SOLD BY LICENSE: WH02911 SERVICE CENTER: GOVERNMENT SOLUTIONS PO BOX 936279 ATLANTA, GA 31193-6279 PHONE NO: 800-347-2456</small>							
LN #	Item / Mfg Number	Qty Ordered	UOM Bin Loc	Shipped	To Follow	Description Vendor	Cust Item #
1	1199924 800A01	1	CS	0	1	BAG, STRG BREAST MILK W/2 ADPT 6OZ (150/BX 10BX/CS)	/ICS1199924
RETURNS MAY REQUIRE A RESTOCKING FEE							
2	1166474 601M04	15	PK	0	15	PAD, BREAST WASHABLE (4/PK)	/TPK1166474
THIS ITEM IS NOT RETURNABLE(NETWORK NON-STOCK UNDER \$100)							
3	1131347 68061	5	CS	5		BAG, STORAGE BREAST MILK PRE-S EALD 6OZ (50/PK 12PK/CS)	/ICS1131347
RETURNS MAY REQUIRE A RESTOCKING FEE							
4	879910 17161	20	EA	0	20	PUMP KIT, BREAST IHND MANUAL W /BTL/FLANGE/2VLV	/IEA879910
RETURNS MAY REQUIRE A RESTOCKING FEE							

Your satisfaction is important. Upon receipt of this shipment, please count the boxes received and document any damage or shortage on the carrier's receipt. Review the contents of the order and report any discrepancies within ten (10) days of receipt. If product is damaged, do not destroy the shipping cartons; they may be needed for an inspection. Contact customer service for instructions. For your convenience Material Safety Data Sheets are available via WWW.MCKESSON.COM
 Rx Package insert information can be found at the website, <http://DAILYMED.NLM.NIH.gov/dailymed/about.cfm>. If you have trouble accessing the website and need package insert information, please contact Customer Service and request a copy.

Received By (Print): _____

Date Shipment Received: _____

Received Quantity: 5 cases of storage bags

Recipient's Signature: _____

Notes:

Pieces _____	Weight _____	Staging Area _____	Delivered By _____
Route Code 288	Stop Code 001	Date _____	Shipment Accepted By _____

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