

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000165290

Claim Line #: 0001

Per Unit Cost: \$53.5100-

Claim Date: 11/09/2022

Claim Quantity: 3.00

Extended Claim Amount: \$160.53-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000165290	Date: 08/23/2022	
Matched Qty: 3.00	Total Qty: 3.00	Cost Each: \$53.51
Line #: 0009	Item: 031079033	Description: D/Q GREY WC10-621

Received

Receiver: 000000000		
PO: 140890921	PO Date: 08/22/2022	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: