

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000165013

Claim Line #: 0002

Per Unit Cost: \$35.8400-

Claim Date: 11/14/2022

Claim Quantity: 10.00

Extended Claim Amount: \$358.40-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000165013	Date: 08/16/2022	
Matched Qty: 160.00	Total Qty: 160.00	Cost Each: \$35.84
Line #: 0010	Item: 031079013	Description: D/Q WHITE WC10-641

Received

Receiver: 000592027		
PO: 140768380	PO Date: 08/15/2022	
Matched Qty: 150.00	Total Qty: 150.00	Cost Each: \$35.8400
Line #: 0011	Item: 031079013	Description: MS COMF KISSPL DQ CO