

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000165291

Claim Line #: 0001

Per Unit Cost: \$55.2800-

Claim Date: 11/15/2022

Claim Quantity: 17.00

Extended Claim Amount: \$939.76-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000165291	Date: 08/23/2022	
Matched Qty: 17.00	Total Qty: 17.00	Cost Each: \$55.28
Line #: 0005	Item: 031079026	Description: K MULTI WC10-620

Received

Receiver: 000000000		
PO: 140890924	PO Date: 08/22/2022	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: