

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000165293

Claim Line #: 0001

Per Unit Cost: \$29.5000-

Claim Date: 11/15/2022

Claim Quantity: 6.00

Extended Claim Amount: \$177.00-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000165293	Date: 08/23/2022	
Matched Qty: 6.00	Total Qty: 6.00	Cost Each: \$29.50
Line #: 0023	Item: 030220746	Description: D/Q GREY WC12-788

**Received**

Receiver: 000000000		
PO: 140890923	PO Date: 08/22/2022	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: